

## Combustion Safety – Certification of Testing

Customer and Site Information		
Project:		Date of Testing:
Customer Name:		Phone Number:
Property Address:		
City:	State:	ZIP:

The following combustion safety testing must be completed as required:

BPI Combustion Safety Testing			
<input type="checkbox"/> <b>Required when any of the following measures have been selected:</b> <ul style="list-style-type: none"> <li>• Building air leakage reduction</li> <li>• Attic insulation and attic plane sealing</li> <li>• Wall insulation</li> </ul>			
<input type="checkbox"/> Test-in	<input type="checkbox"/> Test-out		
<b>Whole House Gas Leak</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
<b>Furnace 1</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Furnace 2</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>DHW 1</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>DHW 2</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Oven</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Cooktop</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Dryer</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Fireplace</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA

Appliance Ambient CO and Whole House Gas Leak Testing			
<input type="checkbox"/> <b>Required when any gas appliance is installed and BPI testing is not done.</b>			
<b>Furnace 1 Ambient CO</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Furnace 2 Ambient CO</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>DHW 1 Ambient CO</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>DHW 2 Ambient CO</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> NA
<b>Whole House Gas Leak</b>	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

Other Requirements for All Projects			
<b>Damper clamp installed on each fireplace?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<b>CO monitors installed on each floor?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Analyst Information	
Notes:	
Analyst Name:	BPI Analyst Number (if BPI testing is required):
Company Name:	
Signature:	Date:

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