



Municipality of Norristown
 Department of Building & Code Enforcement
 235 E Airy Street, Norristown, PA 19401
 Phone: (610) 270-0441 Fax (610) 279-7548

For Office Use Only

Date Certification Received _____
 Pass Fail
 Are any permits required? Yes No

Heating Certification Inspection

Please note that this form may only be completed by a licensed contractor who is registered with the Municipality of Norristown as an HVAC contractor. It is not required that the contractor hired to inspect the heating system use this form, however, **any heating certification provided to the Municipality of Norristown's Department of Building & Code Enforcement MUST contain ALL information listed on this form.** If all sections of this Heating Certification are not completed, OR the Heating Certification issued by the inspecting contractor does not include all information listed below, the certification will be deemed unacceptable for the purposes of certifying the functionality of the heating system and a new certification will be required.

Property Information

Property Address: _____
 Owner Name: _____ Owner Phone: _____

Contractor Information

Business Name: _____
 Business Address: _____
 Business Phone: _____ Business Fax: _____
 PA State License #: _____ Business Privilege License #: _____
 Municipality of Norristown Registration Number: _____

Heating System Inspection

Inspection Date: _____ When was Heater installed: _____
 Type of System: Oil Gas Electric Boiler Forced Air Steam Other _____
 Make: _____ Model #: _____ Serial #: _____

- Heating system is able to maintain a minimum temperature of 68°F in all habitable rooms, bathrooms, and toilet rooms.
- All required clearances to combustible materials have been met.
- Inspected the combustion chamber for cleanliness and for cracks/holes.
- Pulled out gas burners to check for soot build up and obstructions.
- Inspected operation of gas shut off valve.
- Inspected gas orifices for any obstructions.
- Inspected the operation of the blower, belts, blades, filter, and blower mounting and bearings.
- Inspected all safety devices: gas valve, high limit switch, fan switch, roll out switch.

Electric Heating Systems Only		
Please provide a specification sheet of each different baseboard heating unit in the property.		
In the following chart please identify the room type, the square footage of the room, and the output square footage of the unit.		
Room	Room Sq. Ft.	Unit Output Sq. Ft.
Kitchen		
Living Room		
Dining Room		
Bathroom 1		
Bathroom 2		
Bedroom 1		
Bedroom 2		
Bedroom 3		
Bedroom 4		

ITEM:	PASS:	FAIL:
Thermostat	<input type="checkbox"/>	<input type="checkbox"/>
Burners	<input type="checkbox"/>	<input type="checkbox"/>
Heat Exchanger	<input type="checkbox"/>	<input type="checkbox"/>
Gas Valve	<input type="checkbox"/>	<input type="checkbox"/>
Limits & Safeties	<input type="checkbox"/>	<input type="checkbox"/>
Blower Motor	<input type="checkbox"/>	<input type="checkbox"/>
Inducer Motor	<input type="checkbox"/>	<input type="checkbox"/>
Gas Shut Off Valve	<input type="checkbox"/>	<input type="checkbox"/>
Flue Pipe	<input type="checkbox"/>	<input type="checkbox"/>
Ductwork	<input type="checkbox"/>	<input type="checkbox"/>
Wiring	<input type="checkbox"/>	<input type="checkbox"/>
Heater & Emergency Switch	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Test	<input type="checkbox"/>	<input type="checkbox"/>
Efficiency Test	<input type="checkbox"/>	<input type="checkbox"/>
Radiators	<input type="checkbox"/>	<input type="checkbox"/>
Baseboard Units	<input type="checkbox"/>	<input type="checkbox"/>

Results of Efficiency Test: _____ Number of Radiators/Baseboard Units: _____

Result of Heater Inspection: PASS FAIL

Describe the overall operation of the heater: _____

List any repairs required: _____

Recommendations: _____

Comments: _____

THIS REPORT INDICATES THE CONDITION OF THE SYSTEM ON THE DATE OF INSPECTION, AND DOES NOT CARRY ANY GUARANTEES OR WARRANTY EITHER EXPRESSED OR IMPLIED.

By signing below, I hereby certify that the heating system and all of its components identified above are in good working order. I also certify that this heating system meets all of the Municipality of Norristown's applicable Codes and Ordinances.

X _____
Contractor Signature

Date

X _____
Property Owner Signature

Date