



Borough of Bridgeport
63 W 4th Street, P.O. Box 148
Bridgeport, PA 19405
Phone (610) 272-1811
Fax (610) 292-8236

For Office Use Only

Date Certification Received _____
____Pass ____Fail
Any Permits Required? ____Yes ____No

Heating Certification Inspection

Please note that this form may only be completed by a licensed contractor. All heating certifications provided to the Borough of Bridgeport must contain all the information listed below. **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 purpose of certifying the functionality of the heating system and a new certification will be required.**

Property Information

Property Address: _____
Owner Name: _____

Contractor Information

Business Name: _____
Business Address: _____
Business Phone: _____
Fax# _____
PA State License#: _____ Email: _____

Heating System Inspection

Inspection Date: _____ Install Date: _____
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^o 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.

Item	Pass	Fail
Thermostat		
Burners		
Heat Exchanger		
Gas Valve		
Limits & Safeties		
Blower Motor		
Gas Shut Off Valve		
Flue Pipe/Chimney		
Ductwork		
Wiring		
Heater & Emergency Switch		
Carbon Monoxide Test		
Efficiency Test		
Radiators		
Baseboard Units		

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 the 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 its components identified above are in good working order. I also certify that this heating system meets all the Borough of Bridgeport's applicable Codes and Ordinances.

X _____
Contractor signature

Date

X _____
Property Owner Signature

Date