

## Heating

### Key -- for report information

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| (1) Recommend evaluation by a structural/geo-technical engineer. | (4) This item is a safety hazard - correction is needed. |
| (2) Recommend evaluation and repairs by a licensed contractor.   | (5) Upgrades are recommended for safety enhancement.     |
| (3) Refer to a qualified termite report for further information. | (*) This item warrants attention / repair or monitoring  |

#### 1. Heating System Location [Comments and/or photos added Here](#)

2.  **Appears Serviceable**  Worn (\*)  Not Functional (\*) (2)  **Unsafe (2) (4) (5)**  Near End of Life (\*) (2)

#### 3. **System Does not appear to have been serviced per manufacturer's recommendations, within the last year (\*) (2)**

4.  Did not respond to normal controls (2)
5.  Pilot not on / Utilities off / electronic ignition malfunction - could not inspect (\*) (2)
6.  **NOTE: Inspector does not light pilots it is BEYOND the SCOPE of Inspection. When pilots are "off". a full inspection is not possible. It is suggested that heating systems be activated and fully inspected PRIOR TO CLOSE OF TRANSACTION.**
7. Manufacturer: [Comments and/or photos added Here](#)      Serial Number or MFG Date: [Comments and/or photos added Here](#)
8. Type: [Comments and/or photos added Here](#)      Capacity: [Comments and/or photos added Here](#)      Area Served: [Comments and/or photos added Here](#)
9. Heat Exchanger & Burners [Comments and/or photos added Here](#)

10. **NOTE: The inspector is not equipped to thoroughly inspect heat exchangers for evidence of cracks or holes, as this can only be done by dismantling the unit or other technical procedures (\*) (2). THIS IS BEYOND THE SCOPE OF INSPECTION (\*). Some furnaces are designed in such a way that inspection is almost impossible (\*). Safety devices are not tested by this company (\*).**

11. **Fuel Type:** [Comments and/or photos added Here](#)
12. **NOTE: Natural Gas or LP Gas Fuel system(s) is/are not part of the inspection - suggest contact utilities companies to light an test appliances.**
13. **NOTE: If a fuel burning heater / furnace is located in a bed room, we recommend evaluation by a qualified heating contractor for safety and air volume requirements.**
14. Combustion Air [Comments and/or photos added Here](#)
15. Blower Fan/motor [Comments and/or photos added Here](#)
16. Filters [Comments and/or photos added Here](#)
17. Distribution: [Comments and/or photos added Here](#)
18. Circulator: [Comments and/or photos added Here](#)
19. Vent Pipe [Comments and/or photos added Here](#)
20. Draft Control: [Comments and/or photos added Here](#)
21. Safety Controls: [Comments and/or photos added Here](#)
22. Devices: [Comments and/or photos added Here](#)
23. Humidifier [Comments and/or photos added Here](#)
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24. Heating Notes [Comments and/or photos added Here](#)
25.  **Suspected Mold (\*) (2) (4)**  **THIS COMPANY DOES NOT INSPECT FOR MOLD. If mold/mildew is suspected on the property we can for an additional fee, sample the affected area. We will submit those samples to a laboratory for analysis and deliver a written report. It is further advised to have a qualified contractor that is an I.A.Q ( Indoor Air Quality) certified to treat and/or abate the area**
26.  **Suspected Asbestos (\*) (2) (4)** [Comments and/or photos added Here](#)
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