

Installation of a new oil burning appliance (of any type)

Have your certified oil burner mechanic complete this checklist when you install a new oil burning appliance of any type. This information is required by many insurance companies, and is also valuable as reference for you and your oil burner mechanic to have on hand for future servicing.

Date: _____

Appliance and Vent System Installation Checklist

To be completed & submitted by the installer before final inspection

NOTE: A separate checklist is required for a tank and/or supply line installation

Installation Location: _____

Municipal or Legal Address _____

Owner Information:

Owner's Name: _____

Address: Same as above (or specify below)

Contact #s: Home Cell _____

Installer Information:

Installer's Name: _____

Company Name: _____

Location: _____

Contact #s: _____

E- mail: _____

Equipment Information

Type: Forced Air Furnace Boiler Water Heater Combo System Space Heater

Other (specify): _____ Appliance installation includes new venting system

New Burner Only New Venting System Only Co-vented with wood appliance

Number of appliances: _____

Installation is a conversion from another energy source: _____

Attach copies of this form for each appliance

Appliance Rating Plate Information:

Labelled by _____ (designated testing agency) stating it is approved for _____ (purpose)

Manufacturer: _____ **Model:** _____

Maximum Input Rating: _____ Btu/h _ GPH **Serial #:** _____

Input Rate as Installed: _____ Btu/h _ GPH **with** _____ @ _____ **psi**

Nozzle manufacturer / flow rate / angle

Burner Information: Burner is approved for use with this appliance

Manufacturer: _____ **Model:** _____

Venting System Information: New or Existing venting system

Labelled by _____ (Testing Agency)

Vent Type(s): L-Vent A-vent Class _____ Tile-lined chimney Chimney liner

Plastic (identify type: _____) Power venter Other (specify): _____

Manufacturer: _____ **Size(s):** _____ **Height:** _____ **Lateral:** _____

Vent Connector Type:

C-vent GSG# _____ Stove Pipe Gauge# _____ L-Vent Other: _____

Installation Information:

Single appliance venting Common vented with (specify): _____

Air Supply System Information: Combustion Ventilation Flue Gas Dilution

Type:

Direct vent Taken from inside building Taken from outside building (state duct size): _____

Undersigned installer confirms that the above information is accurate and that the equipment is:

Certified for its intended use (as per Clause 3.1.1, B139-04 Code) Suitable for the installation (as per 3.5.1, B139-04)

Installed as per the manufacturer's instructions and the current B139 Code (see 3.1.1 & 3.5.1)

Printed name

Signature

OBM #

See below for addition checklist items

Permit #: _____ Date Issued: _____

Inspection Request Date: _____

The following checklist shall be completed and submitted by the installer before requesting final inspection

NOTE: A separate checklist is required for a tank and/or supply line installation.

1. Has the installation been activated and tested in accordance with Sub-section 3.3 and Section 5 of the B139-04 Code?
 Yes No
2. Has the user been instructed in the safe and correct operation of the appliance or accessory in accordance with 3.3.2 of the B139-04 Code? Yes No
3. Are the manufacturer's instructions conspicuously posted at the site as per 3.3.3 of the B139-04 Code? Yes No
4. If the installation constitutes a conversion from another source of energy, has the work been completed in compliance with clause 3.3.4 of the B139-04 Code? Yes No N/A
5. Have all the operating, combustion safety controls, and other safety and limit controls been tested as per Section 5 of the B139-04 Code and proven to be in satisfactory condition and operating properly at the correct timing, temperature, and/or pressure, as applicable? Yes No
6. Has a flue gas analysis been conducted by a qualified person and are the results in compliance with the manufacturer's instructions and the B139-04 Code? Yes No

Record the results below and ensure that they are also posted on the appliance.

■ Flame characteristics: _____
■ Overfire draft _____" wc ■ Breech draft _____" wc ■ Smoke reading _____
■ CO2 _____% ■ O2 _____% ■ CO air free _____ppm
■ Base Chimney Temp _____° _____ ■ Net Stack Temp _____° _____ ■ Efficiency _____%
Date test conducted: _____ by _____ (technician's name)
Analyzer used: _____ (Make/Model) Last calibration date: _____
Comments: _____

7. Do the appliance clearances from combustibles comply with the manufacturer's instructions and the B139-04 Code?
 Yes No
8. Do the venting system clearances from combustibles comply with the manufacturer's instructions and the B139-04 Code? Yes No
9. For masonry chimneys, is the chimney properly lined and fitted with proper flashing, cap, and clean-out or base tee as per the manufacturer's instructions and B139 Code? Yes No N/A
10. For factory-built vent systems, is the vent properly installed and fitted with proper flashing, cap, and base tee as per the manufacturer's instructions and the B139 Code? Yes No N/A
11. For sidewall vent systems, is the system installed according to the B139 Code and the manufacturer's instructions?
 Yes No N/A
12. If required, is the barometric damper properly installed as per the manufacturer's instructions and the B139 Code?
 Yes No N/A
13. Are properly sized and located combustion and ventilation air openings installed as per the manufacturer's instructions and the B139 Code? Yes No N/A
14. Are properly sized & located make-up air openings installed as per the Building Code? Yes No N/A
15. Are carbon monoxide sensors installed as per the Building Code? Yes No N/A
16. Is an emergency disconnect switch installed as per the Electrical Code? Yes No

Name (print), signature, and OBM certificate number of person attesting that this checklist is accurate:

Printed name _____ Signature _____ OBM # _____

Date: _____