



**Combustion Safety Test Compliance Form
Replacement of Natural Draft Appliances in Existing Houses**

Home Owners Name: _____ Permit Number: _____

Address: _____ Tele: _____

Licensed Contractor:

I hereby attest that I have performed the following Combustion Safety Test in accordance with Fort Collins Combustion Safety Test Guide Version 5, February 2012.

Company Name: _____ License Number: _____

Technician Name (print): _____ Date: _____

Technician Signature: _____ Tele: _____

Appliance Tested: _____ Model #: _____

Appliance Replaced: _____ Model #: _____

STEP 1: Worst Case Conditions Test

Spillage/Backdraft Duration (in seconds): _____ Carbon Monoxide (parts per million): _____

Pass _____ Fail _____ (*Technician must test under Natural Conditions if "Failed"*)

Technician's recommendations to correct tested appliance failure:

STEP 2: Natural Conditions Test

Spillage/Backdraft Duration (in seconds): _____ Carbon Monoxide (parts per million): _____

Pass _____ Fail _____

(Failed test requires corrections until test passes under Natural Conditions.)

STEP 3: Home Owner Signature

I certify that I am the legal owner of the above listed property.

Owner's Name (print) _____

Owner's Signature _____ Date _____

In the event that my appliance has **failed** a Combustion Safety Test under **worst-case conditions**, I hereby acknowledge that I have received a combustion appliance safety information sheet. _____ (initial)