



Gorham Fire and EMS
Town of Gorham New Hampshire
347 Main Street Gorham NH 03581 603-466-2549



Furnace Inspection Form

Owners Name:		Date:
Owners Address:		
Location in home:		
Main Source of Heat:	Yes No	Supplemental Heat Source only: Yes No

Installed by:	Homeowner	Contractor	Other(specify)
Contractor Name:		Install Date:	
Reason for inspection:			

Furnace make and serial number:

Safety Inspection

Safety Inspection Item	Pass	Fail	N/A	Comments
Clearances/chimney				
1. Reasonable access is provided to the unit.				
2. Combustible material is stored a minimum of 24 inches away.				
3. Chimney connector is a minimum of 18 inches away from combustibles.				
4. Chimney connector is secure, and joints are fastened.				
5. An operating automatic draft regulator is present.				
6. Masonry chimneys are lined.				
7. Single fuel use of the chimney (separate chimney for wood burning)				
8. Adequate air supply is available for combustion.				
Electrical system				
9. Shutoff switch located outside furnace room.				
10. Shutoff switch located in view of flame.				
11. Firematic fuse over boiler.				



Gorham Fire and EMS
Town of Gorham New Hampshire
347 Main Street Gorham NH 03581 603-466-2549



Safety Inspection Continued

Safety Inspection Item	Pass	Fail	N/A	Comments
Oil tank and supply				
12. Tank capacity of 660 gallon or less when located inside.				
13. Tank located a minimum of 5 feet from sources of combustion.				
14. Tank located a minimum of 3 feet from electrical panels.				
15. Firematic shut off valves are provided at tank and burner.				
16. All supply tubing is supported and protected.				
17. Vent pipe is a minimum of 1 ¼ inches in diameter.				
18. Fill pipe located a minimum of 24 inches away from openings at the same or lower level.				
19. Fill pipe located a minimum of 24 inches away from any openings.				
20. Tank is free of rust and leaks.				
21. Tank legs are rust free and sitting on a solid surface.				

This furnace meets Fire Department requirements for safe operation on _____

Signed: _____
Fire Inspector

Printed name: _____
Fire Inspector

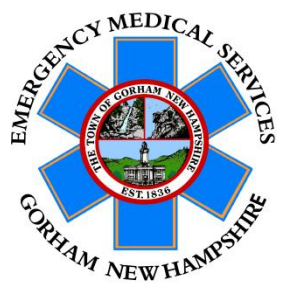
_____ Date

For furnaces that fail inspection:

- A. Completed third page of inspection form.**
- B. Set a reasonable time frame for completion of repairs.**
- C. Schedule a follow up inspection.**



Gorham Fire and EMS
Town of Gorham New Hampshire
347 Main Street Gorham NH 03581 603-466-2549



This furnace does not meet the Fire Department requirements for safe operation on_____

Signed: _____
Fire Inspector

Printed name: _____
Fire Inspector Date

The following items must be corrected: _____

This furnace was re-inspected on _____ and now meets the requirements for safe operation.

Signed: _____
Fire Inspector

Printed name: _____
Fire Inspector Date