

THIS FURNACE HAS BEEN COMMISSIONED

(Items applicable as per manufacturer's certified installation instructions)

TSSA-registered heating contractor: _____

Technician name: _____ Date: _____

Licence #: _____ Phone #: _____

Gas pressure input (wc): _____ Manifold gas pressure (wc): _____

Temp rise (°C/°F): _____ Low fire _____ High fire
(optional) _____ (mandatory) _____

Static pressure (wc): _____ CO in flue vent (ppm): _____

Safety and operating controls validated Yes No

A/C installed at time of test Yes No Furnace clean Yes No

Flame safeguard validated Yes No New filter installed Yes No

Gas tech. signature: _____

I have complied with all start up and commissioning requirements detailed in the manufacturer's certified installation instructions and the appliance has been left in a safe operating condition.