Maine State Housing Authority (MaineHousing)

CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)

**TECHNICAL EVALUATION REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTRACTOR:** |  |  | **WORK ORDER #** |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PRIMARY Applicant:** |  |  | **OWNER** (if different than Applicant)**:** |
|  |  |  |  |
| First Name MI Last Name |  |  | First Name MI Last Name |
|  |  |  |  |
| Telephone  |  |  | Telephone |
|  |  |  |  |
| **PHYSICAL ADDRESS (Property):** |  |  | **Community Action Agency (CAA):** |
|  |  |  |  |
| Street  |  |  | CAA Name |
|  |  |  |  |
| City State Zip |  |  |  |
|  |  |

|  |
| --- |
| **CTE CHECKLIST/PROCEDURE (Technician to initial/complete all that apply):** |
|  | SSE as found (if known) | **%** |  | Date of last CTE (if serve tag is present) |  |  |
|  | Clean, brush & vacuum system |  |  | Air filters replaced |  |  |
|  | Covers & plates sealed |  |  | Electrodes: |  | Cleaned  |  | Replaced |
|  | Belts inspected |  |  | Water glass: |  | Cleaned  |  | Replaced |
|  | Chimney & flue pipe inspected |  |  | Pump strainer & inner housing cleaned |  |  |
|  | Controls operate properly |  |  | Fuel/air mixture properly adjusted |  |  |
|  | Barometric operates properly |  |  | Nozzle replaced |  |  |
|  | Low water cut-off flushed |  |  | Firing rate optimized |  |  |
|  | Motors lubricated |  |  | Oil filter replaced |  |  |
|  | Thermostat okay & properly located |  |  | Check condition of oil tank |  |  |
|  |  |  |  |  |  |  |
|  |
| **TEST RESULTS (Technician to initial/complete all that apply):** |
|  | Pump Pressure |  | Draft (over-fire) |  | Draft (stack) |  |  |
|  | Gross stack temp |  | Net Stack Temp |  | SSE | % |  |
|  | Smoke # |  | CO2/O2 |  | CO |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Technician to note any code violations identified or additional repairs needed that exceed the limit of this Work Order:** |
|  |

*I certify as follows: (1) the work order has been completed in accordance with manufacturer’s instructions and all applicable codes; and (2) this Technical Evaluation Form has been accurately completed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature of Technician  |  |  |  | Date |
|  |  |  |  |  |
| Contractor Technician Name |  |  |  | License # (if applicable) |