

# Otter Tail County Licensing Furnace Safety Check Form

**Required for furnaces, gas water heaters, gas fireplaces or gas stoves used for heating.**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Heating Source: \_\_\_\_\_

Gas Water Heater:    Yes \_\_\_\_\_                      No \_\_\_\_\_

Gas Fireplace/Stove: Yes \_\_\_\_\_                      No \_\_\_\_\_

The above furnace, gas water heater, and/or gas fireplace/stove had a safety inspection completed and:

\_\_\_\_\_ The appliance has been installed properly and is operating properly.

\_\_\_\_\_ The appliance has been inspected, and all hazards found have been corrected.

Date of Heating Inspection: \_\_\_\_\_

Name of Heating Contractor: \_\_\_\_\_

Business Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number of Heating Contractor: \_\_\_\_\_

Signature of Heating Contractor: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_