

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	_____
Check for oil leaks	_____	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	_____	Covers & plates sealed	_____

**TEST RESULTS (Technician to initial/complete all that apply):**

Pump Pressure	_____	Draft (over-fire)	_____	Draft (stack)	_____
Gross stack temp	_____	Net Stack Temp	_____	SSE	_____ %
Smoke #	_____	CO <sub>2</sub> /O <sub>2</sub>	_____		

**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)