

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 #	_____	CO ₂ /O ₂	_____	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)