

NATURAL GAS EQUIPMENT MAINTENANCE CHECKLIST

Preventative Maintenance & Safety Inspection Form

Facility / Location:

Date of Inspection:

Equipment Model / ID:

Technician Name:

Serial Number:

Job / Work Order #:

1. PRE-INSPECTION SAFETY MEASURES

Inspection Task	Status	Findings / Action Taken
Verify gas detection equipment is calibrated and operational.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Ensure work area is well-ventilated and free of combustibles.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Confirm emergency shut-off valves are accessible and unobstructed.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

2. PHYSICAL & MECHANICAL INSPECTION

Inspection Task	Status	Findings / Action Taken
Inspect gas piping, joints, and fittings for signs of corrosion or damage.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Perform bubble test or electronic leak detection on all gas connections.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Inspect burner assembly and clean any accumulated soot or debris.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Examine heat exchanger for cracks, corrosion, or structural compromise.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Inspect venting/flue system for blockages, proper slope, and tight seals.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

3. CONTROLS & SAFETY DEVICES

Inspection Task	Status	Findings / Action Taken
Test operation of safety shut-off valves (solenoid valves).	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

Inspection Task	Status	Findings / Action Taken
Test flame safeguard controls and flame sensors for proper response time.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Verify high/low gas pressure switch settings and operation.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	
Inspect and test limit controls and temperature/pressure cut-offs.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	

4. OPERATIONAL MEASUREMENTS

Parameter Tested	Target / Design Value	Measured Value	Status
Inlet Gas Pressure			<input type="checkbox"/> P <input type="checkbox"/> F
Manifold Gas Pressure			<input type="checkbox"/> P <input type="checkbox"/> F
Flue Gas Carbon Monoxide (CO)			<input type="checkbox"/> P <input type="checkbox"/> F
Flue Gas Oxygen (O2) / CO2			<input type="checkbox"/> P <input type="checkbox"/> F
Flame Signal Strength			<input type="checkbox"/> P <input type="checkbox"/> F

5. COMMENTS, OBSERVATIONS & RECOMMENDATIONS

Technician Signature:

Date:

Facility Representative Signature:

Date:
