

SEND Home Energy Conservation Program Gas Cook Stove and Oven Contractor Completion Form

Client Name: _____ Client/Job Application ID: _____

Client Address: _____ Contractor: _____

County: _____ Date: _____

Manufacturer of Gas Cook Stove: _____

Model of Gas Cook Stove: _____

Serial # of Gas Cook Stove: _____

Type of Gas Cook Stove: Gas LP Gas

Condition of Appliance: Excellent Good Fair Poor Not working

Gas Leaks: Yes No Contractor Repaired

Range Top Level: Yes No Contractor Repaired

Brass Flex Connector: Yes No Contractor Repaired

Exhaust Fan: Yes No Contractor Repaired

Exhaust Fan Vented to Outside: Yes No Contractor Vented to Outside

PPM Carbon Monoxide

Ambient CO Level – Pre _____

Ambient CO Level – Post _____

Left Rear Burner: _____

Right Rear Burner: _____

Left Front Burner: _____

Right Front Burner: _____

Oven Burner: _____