

HEATER AND STOVE INSPECTION REPORT

(EUSA PAM 420-1)

MONTH

YEAR

THE FOLLOWING INDIVIDUAL IS RESPONSIBLE FOR THE OPERATION AND INSPECTION OF THIS HEATING UNIT.

LAST NAME - FIRST NAME - MIDDLE INITIAL

SSN

GRADE

IF MALFUNCTIONS OCCUR, SHUT HEATER OFF IMMEDIATELY, AND NOTIFY

INSPECT SPACE HEATERS DAILY, AT LEAST TWO(2) INSPECTIONS PER WEEK WILL BE MADE AT NIGHT. FILL IN BELOW AS EACH INSPECTION IS ACCOMPLISHED. IF HEATER IS CHECKED AS UNSATISFACTORY GIVE A BRIEF DESCRIPTION OF THE CAUSE UNDER REMARKS.

CHECKED		INSPECTOR'S SIGNATURE	HEATER CONDITION (CHECK ONE)		REMARKS <i>*(If unsatisfactory, briefly state cause)</i>	CHECKED		INSPECTOR'S SIGNATURE	HEATER CONDITION (Check one)		REMARKS <i>*(If unsatisfactory, briefly state cause)</i>
DAY	HOUR		SAT	UNSAT*		DAY	HOUR		SAT	UNSAT*	
1									16		
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					