



FORT BEND COUNTY FIRE MARSHAL'S OFFICE
1521 EUGENE HEIMANN CIRCLE #114
RICHMOND, TEXAS 77469
OFFICE (281) 238-1500 FAX (832)471-2440



AC/HEATING SYSTEM TEST REPORT

FACILITY NAME: _____ DATE TESTED: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____

THIS IS TO CERTIFY THAT A HEATING SYSTEM TEST AND INSPECTION HAS BEEN MADE AT THE ABOVE LOCATION IN ACCORDANCE WITH THE REQUIREMENTS OF INTERNATIONAL MECHANICAL CODES AND/OR NFPA CODE 90.

CHECK ONE:

_____ THE SYSTEM IS FREE FROM ANY LEAKS OR DEFECTS.

_____ THE SYSTEM IS IN NEED OF REPAIR- DESCRIBE: _____

_____ THE SYSTEM HAS BEEN REPAIRED-DESCRIBE: _____

DATE REPAIRED: _____

SIGNED: _____

TX STATE AIR CONDITIONING & REFRIGERATION LICENSE # _____

COMPANY: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____

THIS FORM MUST BE RETURNED TO THE FIRE MARSHAL'S OFFICE, AND A COPY RETAINED IN THE FILES OF THE ABOVE FACILITY.