

COMBUSTION AIR/MAKE-UP AIR WORKSHEET

Date _____

Name _____ Site Address _____

Total floor Area (including basement) _____

Size of Room with Combustion Equipment _____

Average Ceiling Height _____ Number of Bedrooms _____

Check and fill in each category that applies to your home.

Year Home was Constructed

Pre-1994

1994-2003

2004 and After

Combustion Equipment (Existing & New)

	Atmospheric Vent	Fan Assist/ Power Vent	Direct Vent	Electric
Water Heater Input: _____ BTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/Boiler Input: _____ BTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Furnace/Boiler Input: _____ BTU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fireplace

Gas
Direct
Vent

Gas
Log
Insert

Wood Burning
Solid
Fuel

Factory Wood Burning
Solid Fuel Closed
Combustion Air

Ventilation System/Per Energy Code, Not Mechanical Code

Exhaust Only

Balanced(HRV/ERV)

None

Fan 1 CFM: _____
Fan 2 CFM: _____

Exhaust Systems

	Yes		No	
Kitchen	<input type="checkbox"/>	CFM: _____	<input type="checkbox"/>	CFM: _____
Central Vacuum	<input type="checkbox"/>	CFM: _____	<input type="checkbox"/>	CFM: _____
Bath Fan	<input type="checkbox"/>	CFM: _____	<input type="checkbox"/>	CFM: _____
Other	<input type="checkbox"/>	CFM: _____	<input type="checkbox"/>	CFM: _____