

**HUDSON REGIONAL HEALTH COMMISSION**  
**595 COUNTY AVENUE, BUILDING 1, SECAUCUS, NEW JERSEY 07094**  
**TEL. (201) 223-1133 FAX (201) 223-0122**

JOHN P. SARNAS, PRESIDENT

CARRIE NAWROCKI, EXECUTIVE DIRECTOR

***Fuel Burning Equipment Survey*** (Boilers, Water and or Space Heater and HVAC...)

Type of Equipment: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date Equipment Installed \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Purpose: \_\_\_\_\_ Type of Fuel Used: \_\_\_\_\_

BTU/hr Input: \_\_\_\_\_

Does Equipment have a Burner? Yes  or No  If yes, complete below.

Burner Manufacturer: \_\_\_\_\_ Date: Installed \_\_\_\_\_

Burner Model #: \_\_\_\_\_ Burner Serial #: \_\_\_\_\_

BTU/hr Input: \_\_\_\_\_

Does Equipment have a NJDEP Air permit? Yes  or No  If yes, complete below

NJDEP Air Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Emergency Generator Survey***

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_ Date Equipment Installed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ Purpose: \_\_\_\_\_

Type of Fuel Used: \_\_\_\_\_ Kilowatts per hour: \_\_\_\_\_

Total hours used per year: \_\_\_\_\_

Engine Manufacturer: \_\_\_\_\_ Year Engine Manufacture: \_\_\_\_\_

Engine Model #: \_\_\_\_\_ Engine Serial #: \_\_\_\_\_

Engine BTU/hr Input: \_\_\_\_\_ Is generator tested? Yes  or No  If yes, how often is it tested? Daily  Weekly  Monthly  Comments: \_\_\_\_\_

Does Equipment have a NJDEP Air permit? Yes  or No  If yes, complete below.

NJDEP Air Permit #: \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_