DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
302 West Washington Street, Room E241
Indianapolis, IN 46204
Telephone: (317) 232-2222
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REPORT OF STATE FIRE MARSHAL INSPECTION SCHOOL HEATING SYSTEM AND SUPPORTING LINES

State Form 36422 (R2 / 11-09)

INSTRUCTIONS FOR FILING REPORT PURSUANT TO IC 20-26-7-27 AND IC 20-26-7-28

IC 20-26-7-27

Inspection of heating systems and fuel lines used for school purposes

Sec. 27. The superintendent of a school corporation shall cause an annual inspection to be conducted of all heating systems and supporting gas, oil, propane, or any other fuel lines used for school purposes.
As added by P.L. 1-2005, SEC.10

IC 20-26-7-28

Record and report of heating system and fuel line inspection

Sec. 28. A Report of the inspection described in section 27 of this chapter shall be made to the division of fire and building safety before September 1 of each year. The report shall be made on forms prescribed and approved by the division of fire and building safety.
As added by P.L. 1-2005, SEC.10. Amended by P.L. 1-2006, SEC.329.

School Number*: _____ Name of School: _____

Address of School: _____
Street *City* *State* *ZIP*

Telephone: _____ Email Address: _____

Name of Principal: _____

Name of Superintendent: _____

Address of Superintendent: _____
Street *City* *County* *ZIP*

Type of Heating System ☐ Gas ☐ Oil ☐ Propane ☐ Other

Condition of Heating System ☐ Good ☐ Fair ☐ Poor

Age of Heating System _____

Recommendations _____

Are there supporting lines to the heating system? ☐ Yes ☐ No

Condition of the supporting lines: ☐ Safe ☐ Unsafe _____
(Why)

Recommendations _____

CERTIFICATION OF INSPECTOR

I, or we_____, hereby certify that I, or we, have inspected the heating system, and supporting lines of the school described herein, and found the heating system as well as the supporting lines to be safe and in good operating condition at the time of inspection.

Subscribed and sworn to before me

_____

This _____ day of _____ 20 ___

My Commission Expires _____

Signature _____

Address _____
Street *City* *State* *ZIP*

Signature _____

Address _____
Street *City* *State* *ZIP*

**This number can be obtained from www.in.gov/doe*