INSTALLING CONTRACTOR'S CSD-1 REPORT FORM

Unit Manufacturer

Name _____

Address _____ Zip _____

Telephone _____

Unit Identification (Boiler)

Manufacturer's Model # _____ Year Built _____

ASME Section I _____ Section IV _____ Nat. Bd. # _____

UL # _____ CSA # _____

Jurisdiction ____ Iowa _____

Steam

Maximum W.P. _____ sig

Minimum Safety Valve Cap. _____ lb/hr

Hot Water

Maximum W.P. _____ sig

Maximum Temp. _____ °F

Minimum Safety Relief Valve Cap. _____ lb/hr or Btu/hr

Boiler Unit Description (type) _____

If Modular (no. of modules) _____

Boiler Unit Capacity (output) _____

Burner

Manufacturer _____ Model _____

UL or CSA # _____ Serial # _____

Fuels (as shipped) _____

Indicate Units (where not applicable, indicate "N/A")

Gas Manifold Pressure _____

Oil Nozzle/Delivery Pressure (at maximum input) _____

High Gas Pressure Switch Setting _____

Low Oil Pressure Switch Setting _____

Installation Location (if known)

Customer Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

INSTALLING CONTRACTOR'S CSD-1 REPORT FORM

Control/Device	Manufacturer	Model #	Operational Test Performed, Date
Operating Controls			
Low-Water Fuel Cutoff CW-120(a), CW-140			
Forced Circulation CW-210			
Steam Pressure CW-310(b)			
Water Temperature CW-410(b)			
Safety Controls			
Low-Water Fuel Cutoff CW-120(a), CW-120(b), CW-130, CW-140			
Forced Circulation CW-210(c)			
High Steam Pressure Limit CW-310(c)			
High Water Temperature Limit CW-410(b)			
Fuel Safety Shutoff Valve, Main CF-180(b)			
Pilot Safety Shutoff Valve CF-180(e)			
Atomizing Medium Switch CF-450(b)			
Combustion Air Switch CF-220			
High Gas Pressure CF-162			
Low Gas Pressure CF-162			
Low Oil Pressure CF-450(a)			
High Oil Temperature CF-450(c)			
Low Oil Temperature CF-450(d)			
Purge Air Flow CF-210			
Flame Safeguard (Primary) CF-310, CF-320			
Flame Detector CF-310, CF-320			
Low Fire Start			
Low Fire Start Switch CF-610			
Safety or Safety Relief Valve(s) CW-510, CW-520			

INSTALLING CONTRACTOR'S CSD-1 REPORT FORM

Manufacturer _____

Operational Test Performed, Date _____ / _____ / _____

Model _____

Size _____

Capacity _____ lb/hr or Btu/hr

- -

Representing Equipment Manufacturer, Name _____

Signature _____   Date _____

- -

Representing Installing Contractor, Name _____

Signature _____   Date _____