

# APPENDIX C – MANUFACTURER'S/INSTALLING CONTRACTOR'S REPORT FOR ASME CSD-1

## Certification and Reporting (CG-500) for Controls and Safety Devices

(This Form is a guideline and is not part of ASME CDS-1 1998.)

### Unit Manufacturer

Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### Unit Identification (Boiler)

Manufacturer's Model # \_\_\_\_\_ Year Built \_\_\_\_\_

ASME # \_\_\_\_\_ Nat. Bd. # \_\_\_\_\_

UL # \_\_\_\_\_ AGA # \_\_\_\_\_

Jurisdiction \_\_\_\_\_

### Steam

### Hot Water

Max W.P. \_\_\_\_\_ psig      Max. W.P. \_\_\_\_\_ psig

Min. Safety Valve Cap. \_\_\_\_\_ PPH      Max. Temp. \_\_\_\_\_ ° F

Min. Safety Relief Valve Cap. \_\_\_\_\_ PPH or Btu

**Boiler Unit Description** (Type) \_\_\_\_\_

If Modular (No. of Modules) \_\_\_\_\_

**Boiler Unit Capacity** (Output) \_\_\_\_\_

### Burner

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

UL or AGA # \_\_\_\_\_ Serial # \_\_\_\_\_

**Fuels** (as Shipped) \_\_\_\_\_

### Installation Location (if known)

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Control/Device	Manufacturer	Model	Operational Test Performed, Date
<b>Operating Controls</b>			
Low-Water Fuel Cutoff CW-120(a), CW-140	_____	_____	_____
Forced Circulation CW-210(a)	_____	_____	_____
Steam Pressure CW-310(b)	_____	_____	_____
Water Temperature CW-410(b)	_____	_____	_____
<b>Safety Controls</b>			
Low-Water Fuel Cutoff CW-120(a), CW-120(b) CW-130, CW-140	_____	_____	_____
Forced Circulation CW-210(b)	_____	_____	_____
High Steam Pressure Limit CW-310(c)	_____	_____	_____
High Water Temperature Limit CW-410(b)	_____	_____	_____
Fuel Safety Shutoff Valve, Main CF-180(b)(2), CF-180(b)(3)	_____	_____	_____
Pilot Safety Shutoff Valve CF-180(c)	_____	_____	_____
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	_____	_____	_____
<b>Low Fire Start</b>			
Low Fire State Switch CF-610	_____	_____	_____
<b>Safety or Safety Relief Valve(s)</b> CW-510, CW-520	_____	_____	_____

Manufacturer \_\_\_\_\_ Operational Test Performed, Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Model \_\_\_\_\_

Size \_\_\_\_\_

Capacity \_\_\_\_\_ PPH/Btu/hr

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**Representing Equipment Manufacturer, Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**Representing Installing Contractor, Name** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_