

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
Operating Controls			
Low-Water Fuel Cutoff CW-120(a), CW-140	_____	_____	_____
Forced Circulation CW-210(a)	_____	_____	_____
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(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	_____	_____	_____
Low Fire Start			
Low Fire State Switch CF-610	_____	_____	_____
Safety or Safety Relief Valve(s) CW-510, CW-520	_____	_____	_____

Manufacturer _____ Operational Test Performed, Date ____/____/____

Model _____

Size _____

Capacity _____ PPH/Btu/hr

.....
Representing Equipment Manufacturer, Name _____

Signature _____ Date _____

.....
Representing Installing Contractor, Name _____

Signature _____ Date _____