**Inspection request form for fuel burning appliance**

**As per the Standard Council of Canada accreditation program for Inspection Body**

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| **Submitor/Applicant** |
| Company: | Contact: |
| Address: | City: |
| Province: | P.C.: |
| Email: | Tel. / Cell. : |
| **Technical expert (if different from submitor)** |
| Company: | Contact: |
| Email: | Tel. / Cell. : |
| **Billing address (if different) / No third-party billing allowed** |
| Company: | Contact: |
| Address: | City: |
| Province: | P.C.: |
| Email: | Tel. / Cell. : |
| **Place of inspection** |
| Company: | Contact: |
| Address: | City: |
| Province: | P.C.: |
| Email: | Tel. / Cell. : |

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| **Information on Appliance installation** |
| Manufacturer: | Model: | Serial: |
| Combustible(s): | Supplied pressure (psi): | Appliance regulator, downstream pressure (psi) : |
| Pilot regulator, downstream pressure (psi): | Pilot Capacity MAX.(Btu/h): | Main burner capacity MAX.(Btu/h): |
| Voltage (power) :\_\_\_\_\_\_\_\_\_ Vac/dc :\_\_\_\_\_\_\_\_\_ Hertz :\_\_\_\_\_\_\_\_\_ Amp.:\_\_\_\_\_\_\_\_\_Voltage (control) :\_\_\_\_\_\_\_\_\_ Vac/dc :\_\_\_\_\_\_\_\_\_ Hertz :\_\_\_\_\_\_\_\_\_ Amp. :\_\_\_\_\_\_\_\_\_ |
| Is an Electrical Inspection required at same time (SPE-1000)? : |
| Appliance will be operated over 24h non-stop? : |
| Installation is done in a classified area (HAZLOC)? : |
| PLC used in the burner management system (BMS)? : |
| Indoor / outdoor installation? : |
| Preferred inspection date? : |
| **Function / Appliance description:** |
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| **Provide a copy of**: |
| Rating plate information (gas + electric): |  |
| Gas train schematic or P&ID: |  |
| Electrical Schematic (‘’ladder’’ type): |  |
| Bill of material with cross references to the schematics (manufacturer, model, certifications, characteristics et adjustments) : |  |
| Purge calculation, complete details.Including: * all dimensions;
* flue gas volumes (ex: stack, heat exchanger, piping, etc.).
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| Operation manual, maintenance manual, etc.: |  |
| Picture or any additional supporting documentation: |  |
| Start up report including limiter settings and combustion readings (if already available): |  |

**Application by an authorized representative of the applicant:**

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

**Please send the fully completed and signed form with the relevant documents to:**

info@CGApprobation.com