

INSPECTION CHECKLIST FOR BOILERS

Facility:	Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____
Address:	Date Installed:
City:	Inspection Date:
Site Contact:	Inspected By:
Title:	Make & Model No:

1. Date of last source test:	What % of capacity tested:	
2. Currently operating at what % of capacity:		
3. Secondary fuel? <input type="checkbox"/> Yes <input type="checkbox"/> No	What type?	
4. Fuel usage and storage records? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type and quantity of storage:	
5. Horsepower rating:	BTU/Hour rating:	
6. Maximum PSI:	Operating PSI:	
7. Maximum Lbs/Hour steam:	Operating Lbs/Hour steam:	
8. Stack height above ground:	Stack diameter:	
9. Exhaust temperature:	Exhaust velocity in cfm:	
10. Gauges:	Type	Reading
11. Operation and maintenance plan and manuals on site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Equipped with alarms? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		
13. Control equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:		

Violations Noted? Yes No If yes, list below in comments

Comments: