

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY AND OCCUPATIONAL SAFETY & HEALTH
BUREAU OF BOILER AND PRESSURE VESSEL COMPLIANCE
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INSTALLER/SERVICE
VERIFICATION OF FUNCTION TESTING
AND OPERATION OF CONTROLS AND SAFETY DEVICES
FOR ALL BOILERS

Unit Manufacturer

Name:
Address: Zip Code:
Telephone: Fax No:

Unit Identification (Boiler)

Manufacturer's Model # Serial # Year Built:
ASME # ASME Section: Nat. Bd. #
FM/UL # AGA/CSA #
Jurisdiction # Municipality: County:

Steam

Hot Water

Max. W.P. Psig Max. W.P. Psig
Min. Safety Valve Cap. PPH Max. Temp. °F
Min. Safety Relief Capacity lbs/hr. or Btu

Boiler Unit Description (Type)

If Modular (No. of Modules)
Boiler Unit Capacity (Output)

Burner

Manufacturer Model
UL or AGA# Serial #
Burner Input Capacity Fuels (as Shipped)

Indicate Units (Where applicable, indicate "N/A")

Gas Manifold Pressure

Oil Nozzle/Delivery Pressure (at Max input)
High Gas Pressure Switch Setting
Low Oil Pressure Switch Setting

Installation Location

Owner Name Email Address
Owner Address
City ZIP Location of Installation
Telephone ( ) Fax ( ) Contact E-mail

Control/Device	Manufacturer	Model No.#	Operational/Function Test Performed Indicate 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-310(c)	_____	_____	_____
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	_____	_____	_____
Flame Detector CF-310, CF-320	_____	_____	_____
<b>Low Fire Start</b>			
Low-Fire Start Switch CF-610	_____	_____	_____
<b>Over-Pressure Protection</b>			
Safety or Safety Relief Valve(s) CW-510, CW-520	_____	_____	_____
Symbol Stamp on Valve	_____	_____	_____
	"V" "HV" "UV" Circle what applies		

Note: Additional safeguards may be required for boilers with a rating of 12.5 million Btu/hr or greater per NFPA 85

**Representing Equipment Manufacturer** FEIN No. \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Representing Installing Contractor** FEIN No. \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INSTALLER – RETURN THIS DOCUMENT TO THE ADDRESS INDICATED ON THE FRONT SIDE OR EMAIL COMPLETED FORM TO [BPVCompliance@dol.state.nj.us](mailto:BPVCompliance@dol.state.nj.us)