

Instructions for filling out the ASME CSD-1 Manufacturer's/Installing Contractor's Report

Block	Information to be filled in
1	Manufacturer's name
2	Manufacturer's street address, City, State
3	Manufacturer's Zip Code
4	Manufacturer's Phone Number
5	Manufacturer's Fax Number (if available)
6	Manufacturer's Model Number on the unit or in the manufacturer's manual
7	Year the unit was built from the ASME Nameplate
8	Serial Number of the unit from the ASME Nameplate
9	National Board Number located on the top ASME nameplate
10	Underwriter's Laboratory Number (if available)
11	American Gas Association Number (if available)
12	Maximum Allowable Working Pressure (Steam) on the ASME Nameplate
13	Minimum Safety Valve relieving capacity required from the ASME Nameplate or Maximum capacity of the unit from the ASME Nameplate
14	Maximum Allowable Working Pressure (Water) on the ASME Nameplate
15	Maximum Allowable Water Temperature from the ASME Nameplate
16	Minimum Safety Valve relieving capacity required from the ASME Nameplate or Maximum capacity of the unit from the ASME Nameplate
17	Boiler Type, i.e. Cast Iron, Cast Aluminum, Vertical Firetube, Firetube Firebox, Water Tube, etc.
18	If a modular boiler as defined in ASME Section IV, paragraph HG-, number of modules
19	Total boiler output capacity
20	Burner Manufacturer Name
21	Burner Model Number
22	Underwriter's Laboratory or American Gas Association Number (if available)
23	Burner Serial number
24	Type of fuels connected to the burner assembly to be used. If electric put KW rating/input
25	User Name where the boiler is actually installed
26	User street address
27	User City
28	User Zip Code
29	User Phone Number
30	User Fax Number (if available)
31	Actual Manufacturer of the Control Component that is installed on the unit
32	Model Number of the Control Component that is installed on the unit
33	Date the Operational Test was Performed to check the control components. Please note that the paragraph number under the name of the control is the reference to which paragraph in CSD-1 that lists the requirements the control must meet and its function. All installations shall have an operational test performed by either the manufacture's representative or the installing contractor.
34	Manufacturer's Name of the safety relief valve
35	Model Number of the safety relief valve
36	Inlet and outlet size of the safety relief valve, i.e. 2"x 3"
37	Relieving capacity of the safety relief valve. If more than one valve is installed on the unit list all of the valves at the end of the form or on an attachment.
38	Name of company representing the equipment manufacturer
39	Signature of company representative
40	Date witnessed operational test
41	Name of Installing Contractor
42	Signature of Installing Contractor representative
43	Date of completion of all tests

NOTE: All three pages of the report must be submitted to the State Chief Boiler Inspector for all installations with a total input of less than 12,500,000 btu/hr, and a copy given to the owner of the unit.

**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 CSD-1-1998.)

Unit Manufacturer

Name _____ (1)
Address _____ (2) Zip _____ (3)
Telephone _____ (4) Fax _____ (5)

Unit Identification (Boiler)

Manufacturer's Model # _____ (6) Year Built _____ (7)
ASME # _____ (8) Nat. Bd. # _____ (9)
UL # _____ (10) AGA # _____ (11)
Jurisdiction _____ State of Nebraska

Steam

Max. W.P. _____ (12) psig
Min. Safety Valve Cap. _____ (13) PPH

Hot Water

Max. W.P. _____ (14) psig
Max. Temp. _____ (15) °F
Min. Safety Relief Valve Cap. _____ (16) PPH or Btu

Boiler Unit Description (Type) _____ (17)

If Modular (No. of Modules) _____ (18)

Boiler Unit Capacity (Output) _____ (19)

Burner

Manufacturer _____ (20) Model _____ (21)
UL or AGA # _____ (22) Serial # _____ (23)

Fuels (as Shipped) _____ (24)

Installation Location (if Known)

Customer Name _____ (25)
Address _____ (26)
City _____ (27) State NE Zip _____ (28)
Telephone _____ (29) Fax _____ (30)

Control/Device	Manufacturer	Model #	Operational Test Performed, Date
Operating Controls			
Low-Water Fuel Cutoff CW-120(a), CW-140	31	32	33
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			
Flame Detector CF-310, CF-320			
Low Fire Start			
Low-Fire Start Switch CF-610			
Safety or Safety Relief Valve(s) CW-510, CW-520	31	32	33

Manufacturer _____ (34) _____ Operational Test Performed, Date _____ (33) / _____ / _____
Model _____ (35) _____
Size _____ (36) _____
Capacity _____ (37) _____ PPH/Btu/hr

Representing Equipment Manufacturer, Name _____ (38) _____
Signature _____ (39) _____ Date _____ (40) _____

Representing Installing Contractor, Name _____ (41) _____
Signature _____ (42) _____ Date _____ (43) _____