



FORM 1A

**APPLICATION TO OPERATE A GUARDED PLANT
 UNDER MINIMUM OR PERIODIC SUPERVISION**

Note: This form must accompany, or be completed and submitted in addition to, the Application for Registration of a Plant Form 1 made pursuant to the Technical Safety Act under Section 12 of the Power Engineer Regulations.

Name of Plant _____ Plant Registration # _____

Street Address of Plant _____

Plant Owner _____

Please complete Sections 1 through 6, as applicable to your plant.

1. TYPE OF PLANT: Boiler Refrigeration Compressor

2. TYPE OF SUPERVISION BEING REQUESTED Minimum Periodic

FOR DEPARTMENTAL USE ONLY	
Date of Inspection	
Printed name of inspector who conducted the inspection	
Signature of Inspector	
Approved to operate as a guarded plant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date approved	
Signature of Inspector-Examiner	

3. TECHNICAL REQUIREMENTS FOR GUARDED PLANTS

Please confirm which of the required safety devices are currently in place and functioning properly, where applicable to your plant.

A. Steam Boiler Plant

Not applicable

Device	Furnace Purge	Flame Failure tripping device	Low Water Level tripping device	High Water Level tripping device	Low Combustion Air Pressure tripping device	High Steam Pressure tripping device	Kill Switch
(Please ✓)							

- ▶ Are all required safety devices equipped with manual resets? Yes No
- ▶ Date on which the required safety devices were last tested _____
- ▶ Name of company/person who carried out the testing _____
- ▶ Are you enclosing written verification of the test results? Yes No

B. High Temperature Hot Water Boiler Plant

Not applicable

Device	Furnace Purge	Flame failure tripping device	Low Water Level tripping device	High Water Temp tripping device	Low Combustion Air Pressure tripping device	High Water Pressure tripping device	Kill Switch
(Please ✓)							

- ▶ Are all required safety devices equipped with manual resets? Yes No
- ▶ Date on which the required safety devices were last tested _____
- ▶ Name of company/person who carried out the testing _____
- ▶ Are you enclosing written verification of the test results? Yes No

C. Refrigeration Plant

Not applicable

Device	High Liquid Level	High Refrigerant Temperature	High Discharge Pressure	Low Oil Pressure	Ammonia Vapour Detection System	Machinery Room as per CSA B52	Kill Switch
(Please ✓)							

Refrigeration Plant Cont.

- ▶ Are all required safety devices equipped with manual resets? Yes No
- ▶ Date on which the required safety devices were last tested _____
- ▶ Name of company/person who carried out the testing _____
- ▶ Are you enclosing written verification of the test results? Yes No

D. Air or Gas Compressor Plant Not applicable

(i) Air Cooled Compressors Not applicable

Device	High Air/Gas Pressure	High Air/Gas Discharge temperature	Low Oil Pressure	Fan Motor Overload tripping device	Compressor Motor Overload tripping device	Kill Switch
(Please ✓)						

- ▶ Are all required safety devices equipped with manual resets? Yes No
- ▶ Date on which the required safety devices were last tested _____
- ▶ Name of company/person who carried out the testing _____
- ▶ Are you enclosing written verification of the test results? Yes No

(ii) Water Cooled Compressors Not applicable

Device	High Air/Gas Pressure	High Air/Gas Discharge temperature	Low Oil Pressure	Low Cooling Water Pressure	High Cooling Water Temperature	Compressor Motor Overload	Kill Switch
(Please ✓)							

- ▶ Are all required safety devices equipped with manual resets? Yes No
- ▶ Date on which the required safety devices were last tested _____
- ▶ Name of company/person who carried out the testing _____
- ▶ Are you enclosing written verification of the test results? Yes No

4. EXTENDED ALARM SYSTEM

- ▶ Is the plant currently equipped with an alarm system that will audibly and visually warn the power engineer, operator or any other persons in the vicinity of the plant of the occurrence of any abnormal operating condition of the plant? Yes No
- ▶ Does the local alarm system continue to indicate an audible and visual alarm until the abnormal condition is rectified? Yes No
- ▶ Is the alarm system connected to a continuously attended monitoring system? Yes No

5. ALARM MONITORING

If you utilize an alarm monitoring agency/company, please complete the following section.

Name of Agency / Company	
Mailing Address	
Postal Code	
Telephone	
Facsimile (Fax)	

6. PLANT STAFFING

Please provide the name of the chief power engineer or chief operator who will be responsible for the guarded plant during periods when it operates unattended by a qualified shift power engineer or operator.

Name: _____

Certificate Number: _____

NSID #: _____

Telephone: _____

Submitted by: _____

Title: _____

Date Submitted: _____