



Burner's cycle of operation may be longer than 24 hours:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Programmable controller used in flame safeguard and in safety limit circuit:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2. PLEASE PROVIDE: (One copy of the following documents [two copies, only if the format is greater than 11" x 17"]; electronic versions acceptable)

Documents	Document Numbers
a) Rating Nameplate information (Gas and Electrical)	
b) Purge time calculations (if applicable)	
c) Gas Train and/or P & ID Schematics	
d) Electrical Schematic Wiring Diagrams	
e) Assembly, Mechanical, Constructional Drawings and/or Photographs	
f) Components List (Manufacturer/Model/Certification/Specifications)	
g) Manuals (Operations, Maintenance and/or others)	
h) Other existing reports (Including test data or supportive documents)	

3. SUBMITTOR'S CONTACT NAME SIGNATURE: (The fees are payable by the submittor of the application)

Signature: _____ (electronic acceptable)

Date: _____ Purchase Order Number: _____

CSA Sales Person (If applicable): _____

4. RETURN TO: CSA Group, 865, Ellingham Avenue, Pointe-Claire (Québec) H9R 5E8
Email: marc.leduc@csagroup.org FAX: 514 694-5001



1. EQUIPMENT DESCRIPTION: (please check all applicable)

a) The Equipment is:

<input type="checkbox"/> A New Product	
<input type="checkbox"/> Same as Previous Inspection/Evaluation: Reference:	CSA Report/Project No. _____ and/or CSA Special Inspection Label No. _____
<input type="checkbox"/> A Revision to Existing: Reference:	CSA Report/Project No. _____ and/or CSA Special Inspection Label No. _____

b)

Manufacturers	Model Designations	Serial Numbers	Quantities

c) Type of Appliance Function / Usage of Equipment: (Sales information, operating instructions, etc may be useful)

d) Describe Product and/or Changes to Existing Product:

e) Ratings:

Electrical Ratings:	Power _____ Vac/dc _____ Hz _____ ph _____ A _____ Control _____ Vac/dc _____ Hz _____ ph _____ A _____
Type of Fuel(s):	Main: Natural Gas <input type="checkbox"/> , Propane <input type="checkbox"/> , Liquid <input type="checkbox"/> , Solid <input type="checkbox"/> , Dual Fuel <input type="checkbox"/> , Other _____ Pilot: Natural Gas <input type="checkbox"/> , Propane <input type="checkbox"/> , Liquid <input type="checkbox"/> , Solid <input type="checkbox"/> , Dual Fuel <input type="checkbox"/> , Other _____
Fuel Burning Equipment:	Maximum Total Input Rating: _____ BTU/h; Maximum Pilot Input Rating: _____ BTU/h Appliance Supply Pressure _____ Max and Min Main Burner Manifold Pressure _____ Pressure Downstream of Appliance Regulator _____ Pressure Downstream of Pilot Regulator _____
Installation:	Indoors <input type="checkbox"/> ; Outdoors <input type="checkbox"/>



REQUEST FOR SPECIAL INSPECTION/FIELD EVALUATION – FUEL BURNING APPLIANCES

For CSA GROUP use only

Inspector:		Label N° Assigned:		Date Issued:	
Client Number:		File Number:			

SUBMITTOR

Company Name:					
Contact Name:					
Phone Number:		Fax:			
E-mail Address:		Cell phone:			
Address:					
City:		Province / State:			
Postal / ZIP:		Country:			
Correspondence Language:	English <input type="checkbox"/>		French <input type="checkbox"/>		

TECHNICAL REPRESENTATIVE (If different than above)

Company Name:					
Contact Name:					
Phone Number:		Fax:			
E-mail Address:		Cell phone:			
Correspondence Language:	English <input type="checkbox"/>		French <input type="checkbox"/>		

INVOICE TO (If different than submittor / No third party billing)

Contact Name:					
Phone Number:		Fax:			
E-mail Address:		Cell phone:			
Address:					
City:		Province / State:			
Postal / ZIP:		Country:			

INSPECTION LOCATION

Site Name:					
Site Contact Name:					
Phone Number:		Fax:			
E-mail Address:		Cell phone:			
Address:					
City:		Province / State:			
Postal / ZIP:		Country:			
Correspondence Language:	English <input type="checkbox"/>		French <input type="checkbox"/>		

Scheduled Start-up Date:	
Inspection Requested for the week of:	