**Special Inspection (Canada)**  **US Field Evaluation**  **Technical Information Service**

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|  | **SUBMITTER**  (Contact to whom the CSA project will be performed for) | | **Billing Information**  (If different from submitter, e.g. alternate bill to address) | | | **Technical Representative/Agent**  **(if applicable)** |
| **Name of Contact and Title** |  | |  | | |  |
| **Company Name** |  | |  | | |  |
| **Address** |  | |  | | |  |
| **City/State/Postal or Zip Code** |  | |  | | |  |
| **Country** |  | |  | | |  |
| **Email Address** |  | |  | | |  |
| **Telephone Number** |  | |  | | |  |
|  | **Inspection Location**  (If different than submitter or CSA Lab) | | **Final Installation Location**  (For US Electric and North American Fuel Burning) | | | **Inspector/Building Official**  (for USFE) |
| **Contact Person** |  | |  | | |  |
| **Company Name** |  | |  | | |  |
| **Address** |  | |  | | |  |
| **City/State/Postal or Zip Code** |  | |  | | |  |
| **Country** |  | |  | | |  |
| **Email Address** |  | |  | | |  |
| **Telephone Number** |  | |  | | |  |
|  |  | |  | | | **Permit #:** |
|  |  | |  | | |  |
| **Site Health and Safety Requirements**  (personal protective equipment, training) | |  | |  | **Customer Requested Date for Inspection**  (equipment must be complete and fully functional) | |
| **Specialized working hours on site** | |  | |  |  | |

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| **Equipment Type:** | Electric (Ordinary Loc.)  Fuel Burning  Electric (Hazardous Loc.)  Medical Control Panel Only  Sanitation (US only) |
| **Is Equipment:** | NEW  or USED  Cord Connected  or Permanently Connected   Indoor  or Outdoor |

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| **Model #** | **Manufacturer** | **#Units** | **Equipment Type** | **Intended Use** |
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| **Electrical Ratings** |
| Power \_\_\_\_\_\_\_\_Vac/dc\_\_\_\_\_\_\_\_\_\_Hz\_\_\_\_\_\_\_ph\_\_\_\_\_\_Amps\_\_\_\_\_  Control \_\_\_\_\_\_\_\_Vac/dc\_\_\_\_\_\_\_\_\_\_Hz\_\_\_\_\_\_\_ph\_\_\_\_\_\_Amps\_\_\_\_\_ |

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| **Documentation** |
| Marketing Materials  Schematics Elect/Mech  Bill of Materials  Manuals  Applicable Calculations  Name plate information  Photographs  Component List  Previous Report # |

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|  | **Fuel Burning Equipment Ratings** |
| **Type of Fuels** | Main: Natural Gas  Propane  Liquid  Solid  Dual Fuel Other\_\_\_\_  Pilot : Natural Gas  Propane  Liquid  Solid  Dual Fuel Other\_\_\_\_ |
| **Fuel Burning Equipment** | Maximum Total Input Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Btu/h  Maximum Pilot Input Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Btu/h  Appliance Supply Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_psig  Max and Min Main Burner Manifold Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_ psig  Pressure Down Stream of Appliance Regulator \_\_\_\_\_\_\_\_\_\_\_\_\_psig |