[ ] **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/hMaximum Pilot Input Rating \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Btu/hAppliance Supply Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_psigMax and Min Main Burner Manifold Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_ psigPressure Down Stream of Appliance Regulator \_\_\_\_\_\_\_\_\_\_\_\_\_psig |