

CSD-1 Certification and Reporting

The following Certification and reporting is required for all boilers installed in Missouri on or after January 1, 2004 unless excluded by ASME-CSD-1-1998. Reports required in the paragraphs below must be submitted to the Chief Inspector at the following address.

**Department of Public Safety
Missouri Department of Fire Safety
Boiler & Pressure Vessel Unit
PO Box 1421
Jefferson City, Missouri 65102**

- (a) Manufacturers of shop-assembled boiler units covered by CSD-1 shall maintain a report for each boiler unit or each category (type, size, or model) for boiler units. For boiler units 400,000 Btu/hr or less for gas, or 3 gph or less for oil, a report shall be maintained on each category (type, size, or model).

This report shall list:

- (1) each control and safety device installed in accordance with CSD-1-1998;
- (2) name of the manufacturer and model number of each control and safety device;
- (3) operational test performed.

Items (1), (2), and (3) above shall be verified by the signature of an authorized representative of the manufacturer on this report.

- (b) Installing contractors shall maintain or obtain from the manufacturer a data report for each installation completed. The report shall list:
- (1) each device installed in accordance with ASME-CSD-1-1998;
 - (2) name of the manufacturer and model number of each control and safety device;
 - (3) operational test performed.

Items (1), (2), and (3) above shall be verified by the signature of an authorized representative of the installing contractor on this report. An example of acceptable data report is attached. Manufactures/Installing Contractor's other forms as appropriate.

A copy of this report shall be (1) submitted to the Chief Inspector, (2) provided to the owner/user, (alone with the requirement below) and (3) be made available to the authorized inspection agency or inspector.

- (c) Installing contractors shall obtain from the boiler manufacturer pertinent operating, testing, servicing, and cleaning instructions for the controls and safety devices.
- (d) It is the responsibility of the installing contractor to deliver these instructions, together with complete wiring and piping diagrams, and a written precaution that the operating, testing, and servicing only be performed by qualified personnel, to the owner/user and to obtain a receipt for the instructions. The receipt shall be filed with the installation report.

Instructions for filling out the AMSE CSD-1 Manufacturer's/Installing Contractors Report

Block	Information to be filled in
1	Manufacturer's name
2	Manufacturer's address, street, City, State
3	Manufacturer's Zip Code
4	Manufacturer's Phone Number
5	Manufacturer's Fax Number (if available)
6	Manufacturer's Model Number (from on unit or manufacturer's manual)
7	Year the unit was built (from ASME plate)
8	Serial Number of the unit (from ASME nameplate or manufacturer's data report)
9	National Board Number (located at top of ASME name plate)
10	Underwriter's Laboratory Number (if available)
11	American Gas Association Number (if available)
12	Items 12 & 13 for steam boilers only, N/A for water boilers Maximum Allowable Working Pressure (from ASME plate)
13	Minimum Safety Valve relieving capacity required (from ASME plate or maximum burner input if not stated) Items 14-16 for water boilers only N/A for steam boilers
14	Maximum Allowable Working Pressure (from ASME plate)
15	Maximum Allowable Temperature (from ASME plate)
16	Minimum Safety Valve relieving capacity required (from ASME plate or maximum burner input if not stated) (circle PPH or Btu as appropriate)
17	Boiler Type (i.e. Cast Iron, Water Tube, Fire Tube etc.
18	If a modular boiler as defined in ASME Section IV, number of modules
19	Total boiler output capacity
20	Burner Manufacturer's Name
21	Burner Model Number
22	Underwriter's Laboratory Number or American Gas Association Number
23	Burner Serial Number
24	Type of fuels connected to the burner assembly to be used. (if electric KW rating/input)
25	Owner/Users name for where the boiler will be installed
26	Owner/Users street address for where the boiler will be installed
27	Owner/Users city for where the boiler will be installed
28	Owner/Users Zip Code for where the boiler will be installed
29	Owner/Users Telephone number for where the boiler will be installed
30	Owner/Users Fax number for where the boiler will be installed (if applicable)
31	Actual Manufacturer's Name for each control/device listed that is installed on the boiler
32	Manufacturer's model number for each control/device listed that is installed on the boiler
33	Date the operational test was performed to check the control/device listed. (note: the paragraph number under the name of the control/device is the CSD-1 paragraph that list the requirements must meet and its function) All installations shall have an operational test performed by either the manufacturer or installing contractor's representative.
34	Safety Valve inlet & outlet size (i.e. 2"x3")
35	Safety Valve Capacity (circle PPH/Btu as appropriate)
36	Name of company representing the equipment manufacturer
37	Signature of company's representative
38	Date signed by company's representative
39	Name of the Installing Contractor
40	Signature of the Installing Contractor's representative
41	Date signed by Installing Contractor's representative

**MANUFACTURER'S/INSTALLING CONTRACTOR'S REPORT FOR ASME
CSD-1 State of Missouri**

Certification and Reporting for Controls and Safety Devices
(This form is a guideline for required reporting)

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 Missouri

Steam Boilers (N/A for water boilers)

Maximum Allowable Working Pressure (MAWP) _____ (12) _____ psig
Minimum Safety Valve Capacity _____ (13) _____ PPH

Hot Water Boilers (N/A for steam boilers)

Maximum Allowable Working Pressure (MAWP) _____ (14) _____ psig
Maximum Allowable Working Temperature _____ (15) _____ deg. far.
Minimum Safety Relief Valve Capacity _____ (16) _____ PPH or Btu/hr

Boiler Unit Description (Type) _____ (17)
Number of Modules (if applicable) _____ (18)
Boiler Unit Output Capacity _____ (19) _____ PPH or Btu/hr

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 Missouri Zip Code _____ (28)
Telephone _____ (29) Fax _____ (30)

Control/Device	Manufacturer	Model #	Date Operational Test Performed
Operating Controls			
Low-Water Fuel Cutoff CW-120(a), CW-140	_____ (31) _____	_____ (32) _____	_____ (33) _____
Forced Circulation CW-210 (a)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Steam Pressure CW-310 (b)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Water Temperature CW-410 (b)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Safety Controls			
Low-Water Fuel Cutoff CW-120 (a), CW120 (b) CW-130, CW-140	_____ (31) _____	_____ (32) _____	_____ (33) _____
Forced Circulation CW-210 (b)	_____ (31) _____	_____ (32) _____	_____ (33) _____
High Steam Pressure Limit CW-310 (c)	_____ (31) _____	_____ (32) _____	_____ (33) _____
High Water Temperature Limit CW-410 (b)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Fuel Safety Shutoff Valve, Main CF-180 (b)(2), CF-180(b)(3)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Pilot Safety Shutoff Valve CF-180 (c)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Atomizing Medium Switch CF-450 (b)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Combustion Air Switch CF-220	_____ (31) _____	_____ (32) _____	_____ (33) _____
High Gas Pressure CF-162	_____ (31) _____	_____ (32) _____	_____ (33) _____
Low Gas Pressure CF-162	_____ (31) _____	_____ (32) _____	_____ (33) _____
Low Oil Pressure CF-450 (a)	_____ (31) _____	_____ (32) _____	_____ (33) _____
High Oil Temperature CF-450 (c)	_____ (31) _____	_____ (32) _____	_____ (33) _____
Low Oil Temperature CF-450 (d)	_____ (31) _____	_____ (32) _____	_____ (33) _____

Purge Air Flow
CF-210 _____ (31) _____ (32) _____ (33) _____
Flame Safeguard (Primary)
CF-310, CF-320 _____
Flame Detector
CF-310, CF-320 _____
Low-Fire Start Switch
CF-610 _____ (31) _____ (32) _____ (33) _____

Safety or Safety Relief Valve(s)
CW-510, CW-520

	<u>Manufacturer</u>	<u>Model</u>	<u>Size</u>	<u>Capacity PPH/Btu/hr</u>	<u>Date Operational Test</u>
	<u>Performed</u>				
#1	_____ (31) _____	_____ (32) _____	____ (34) ____	_____ (35) _____	_____ (33) _____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____

Representing Equipment Manufacture, Name _____ (36) _____
Signature _____ (37) _____ **Date** _____ (38) _____

Representing Installing Contractor, Name _____ (39) _____
Signature _____ (40) _____ **Date** _____ (41) _____

**MANUFACTURER'S/INSTALLING CONTRACTOR'S REPORT FOR ASME
CSD-1 State of Missouri**

Certification and Reporting for Controls and Safety Devices
(This form is a guideline for required reporting)

Unit Manufacturer

Name _____
Address _____ Zip _____
Telephone _____ Fax _____

Unit Identification (Boiler)

Manufacturer's Model # _____ Year Built _____
ASME # _____ Nat. Bd. # _____
UL # _____ AGA # _____
Jurisdiction State of Missouri _____

Steam Boilers (N/A for water boilers)

Maximum Allowable Working Pressure (MAWP) _____ psig
Minimum Safety Valve Capacity _____ PPH

Hot Water Boilers (N/A for steam boilers)

Maximum Allowable Working Pressure (MAWP) _____ psig
Maximum Allowable Working Temperature _____ deg. far.
Minimum Safety Relief Valve Capacity _____ PPH or Btu/hr

Boiler Unit Description (Type) _____
Number of Modules (if applicable) _____
Boiler Unit Output Capacity _____ PPH or Btu/hr

Burner

Manufacturer _____ Model _____
UL or AGA # _____ Serial # _____

Fuels (as shipped) _____

Installation Location (if known)

Customer Name _____
Address _____
City _____ **State** Missouri **Zip Code** _____
Telephone _____ **Fax** _____

Control/Device	Manufacturer	Model #	Date Operational Test Performed
Operating Controls			
Low-Water Fuel Cutoff CW-120(a), CW-140	_____	_____	_____
Forced Circulation CW-210 (a)	_____	_____	_____
Steam Pressure CW-310 (b)	_____	_____	_____
Water Temperature CW-410 (b)	_____	_____	_____
Safety Controls			
Low-Water Fuel Cutoff CW-120 (a), CW120 (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 Switch
CF-610 _____

Safety or Safety Relief Valve(s)
CW-510, CW-520

	<u>Manufacturer</u>	<u>Model</u>	<u>Size</u>	<u>Capacity PPH/Btu/hr</u>	<u>Date Operational Test</u>
Performed					
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____

Representing Equipment Manufacture, Name _____
Signature _____ **Date** _____

Representing Installing Contractor, Name _____
Signature _____ **Date** _____