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**Office of the Fire Commissioner**

**APPLIANCE GENERAL CHECK LIST**

The following general requirements must be met in order to be considered for a field start-up of an appliance by Inspection and Technical Services Manitoba (ITSM).

\*\*\*Please note that ALL requirements set forth in CSA B149.1, B149.2, B149.3, Manitoba Acts, Regulations, Manufacturer’s Instructions, and any additional applicable Codes or Standards not included on this checklist must be upheld.\*\*\*

All sections of this form must be completed and signed by a certified Gas Fitter and submitted to ITSM for review and approval prior to starting up the appliance on-site.

***In the case of Construction Heaters, this form must be submitted within 72 hours of start-up.***

All appliances that are given approval to start-up based on the content of this form are still subject to field inspection of an ITSM inspector.

|  |  |
| --- | --- |
| **INSTALLER’S INFORMATION** | |
| Date (mm/dd/yy) |  |
| Fitters Name |  |
| Phone Number |  |
| Gas Licence Number |  |
| Employer |  |
| Supervisor’s Name and Contact Number |  |
| Employer’s Address |  |

|  |  |
| --- | --- |
| **APPLIANCE IDENTIFICATION** | |
| Appliance Location (include location and address) |  |
| Make |  |
| Model Number |  |
| Serial Number |  |
| Industry Standard Serial Number (if applicable) |  |
| CH Permit Number (if applicable) |  |
| Gas Permit Number (if applicable) |  |
| Firing Rate |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SAFETY CHECKS** | | | |
| **A – SAFETY CHECKS – Permits:** | **YES** | **NO** | **N/A** |
| 1. Tanks Set Permit |  |  |  |
| 1. Appliance Gas/Oil Permit Obtained from ITSM |  |  |  |
| 1. Appliance Electrical Permit Obtained from ITSM |  |  |  |
| 1. Tank Material and CRN Number (U-1A Form) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **B – SAFETY CHECKS – Certifications:** | **YES** | **NO** | **N/A** |
| 1. Appliance and all associated components are certified/approved by a recognized certifying agency (ie: CSA and/or ITSM) |  |  |  |
| 1. Hose is certified/approved by ITSM and is labelled in accordance with Section 6.17 |  |  |  |
| 1. Isolation valves certified/approved by ITSM |  |  |  |
| 1. All manufacturer instructions/installation/service manuals are provided iaw CSA 149.2; 3.3.3 |  |  |  |
| 1. The Gas Fitter has instructed the user in the safe and correct operation iaw CSA 149.2; 4.3.2 |  |  |  |
| 1. All components conform to appropriate use |  |  |  |
| 1. All containers are CSA certified and registered for use in Manitoba |  |  |  |
| 1. All manufacturer labels are legible and intact |  |  |  |

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| --- | --- | --- | --- |
| **C – SAFETY CHECKS – Manufacturer Requirements:** | **YES** | **NO** | **N/A** |
| 1. Appliances are installed level (multiple appliance are level to each other) |  |  |  |
| 1. Appliance supports have been installed and are in good condition (factory supplied) |  |  |  |
| 1. Appliances are installed on a firm, level, non-combustible material (ie: concrete pad) in accordance with manufacturer instructions, and in a manner that will not allow tipping |  |  |  |

| **D – SAFETY CHECKS – CSA B149.1 Installation Requirements:** | **YES** | **NO** | **N/A** |
| --- | --- | --- | --- |
| 1. Protection installed where physical damage can be incurred (4.23) |  |  |  |
| 1. All service clearances are in accordance with manufacturer’s instructions and CSA B149.1 |  |  |  |
| 1. Piping must comply with ASTM A 53/A 53M or ASTM A 106 and shall be at least schedule 40 or Schedule 80 in accordance with Section 6.2.3 |  |  |  |
| 1. Underground piping, tubing or fittings are protected from damage (trench properly graded, fill material free from sharp objects, etc.) complies with Section 6.15 and are protected against corrosion in accordance with 6.16 |  |  |  |
| 1. Pressure test performed in accordance with 6.22.2 |  |  |  |
| 1. Venting is free from hazards (away from electrical, containers, appliance air intakes, etc.) and is vented to atmosphere |  |  |  |
| 1. Floor plane (secure) |  |  |  |
| 1. All vapour relief valves function correctly and are rated for 250 PSIg |  |  |  |
| 1. Excess flow valve and correct size of downstream piping |  |  |  |
| 1. Tank manual isolation valve(s) (ratings and pressures checked in relation to hydrostatics) |  |  |  |
| 1. Flare fittings (forged) |  |  |  |
| 1. Hydrostatics certified and installed in all locations where propane may be isolated |  |  |  |
| 1. Hydrostatics at correct pressures (dryer and main gas line) |  |  |  |
| 1. Valves for multiple systems (branch lines) |  |  |  |
| 1. Piping at valves secured |  |  |  |
| 1. Regulators are correctly installed, in the proper position, and are adequately supported |  |  |  |
| 1. Piping allows for movement, expansion and contraction |  |  |  |
| 1. Appliance leak tested (SSOV’s leak tested) |  |  |  |
| 1. Appliance SSOV’s certified and marked, correct pressure for liquid and/or vapour side |  |  |  |
| 1. All containers are in an upright position |  |  |  |
| 1. Any potential hazards have been eliminated |  |  |  |

**Comments Check List (Please quote number)**

1. PERMITS:
2. CERTIFICATION:
3. MANUFACTURER REQUIREMENTS:
4. CSA B149.1 INSTALLATION REQUIREMENTS:

I certify that the above information is true and correct and complies with Manitoba Regulation 104/87R

**Name of Gas Fitter Signature of Gas Fitter**

**Licence Number Date**

Creation Date: October 18, 2012

**Please submit a signed copy of the Appliance General Check List by one of the following three methods:**

*Mail:*

The Office of the Fire Commissioner

Inspection and Technical Services Manitoba

500 – 401 York Avenue, Winnipeg MB R3C 0P8

*Fax:*

204.948.2309

*Email:*

[firecomm@gov.mb.ca](mailto:firecomm@gov.mb.ca?subject=Appliance%20General%20Check%20List)