



GUARDED STATUS ANNUAL INSPECTION & TEST RECORD

Maintain. Test. Record. Stay Compliant.

BUILDING / FACILITY NAME: _____ ADDRESS: _____	MANITOBA UNIT NUMBER: _____ BOILER NUMBER: _____	FUEL TYPE: ☐ Natural Gas ☐ Oil ☐ Other: _____ PLANT CLASSIFICATION: ☐ 4th Class ☐ 5th Class	INSPECTION DATE (YYYY-MM-DD): _____ INSPECTION YEAR: _____ PAGE: _____ of _____
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Inspection Item	Pass	Fail	N/A	Comments	Power Engineer Name (Print)	Signature	Date (YYYY-MM-DD)
Low Atomizing Air Pressure Cutoff	☐	☐	☐		_____	_____	_____
Low Atomizing Steam Pressure Cutoff	☐	☐	☐		_____	_____	_____
Safety Relief Valve Pressure Accumulation Test	☐	☐	☐		_____	_____	_____
Boiler Internal Inspection	☐	☐	☐		_____	_____	_____
Burner Inspection	☐	☐	☐		_____	_____	_____
Control System Inspection	☐	☐	☐		_____	_____	_____
Flame Safeguard Testing	☐	☐	☐		_____	_____	_____
Safety Device Testing	☐	☐	☐		_____	_____	_____
Interlock Testing	☐	☐	☐		_____	_____	_____
Combustion Analysis	☐	☐	☐		_____	_____	_____
Fuel Train Inspection	☐	☐	☐		_____	_____	_____
Operator Training Verification	☐	☐	☐		_____	_____	_____
Documentation Review	☐	☐	☐		_____	_____	_____

DEFICIENCIES / OBSERVATIONS

CORRECTIVE ACTIONS TAKEN

VERIFICATION

Owner / Representative Name (Print): _____

Signature: _____

Date (YYYY-MM-DD): _____

Print Name & Title: _____