BIQ

BOILERIQ

Smarter Boiler Compliance.
Safer Operations.

GUARDED STATUS INCIDENT REPORT

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

INCIDENT NUMBER: _____

DATE (YYYY-MM-DD): _____

TIME: _____

REPORTED BY: _____

INCIDENT DESCRIPTION

ACTION TAKEN

PREPARED BY

Power Engineer Name: _____

Signature: _____

Date (YYYY-MM-DD): _____

OWNER VERIFICATION

Owner / Representative Name: _____

Signature: _____

Date (YYYY-MM-DD): _____