**Section 2120.APPENDIX A Operational and Maintenance Log**

**Section 2120.EXHIBIT A Hot Water Heating Boilers**

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| BW OSFM Logo | **OFFICE OF THE STATE FIRE MARSHAL****DIVISION OF BOILER & PRESSURE VESSEL SAFETY****1035 STEVENSON DRIVE****SPRINGFIELD, IL 62703-4259****(217)782-2696****FAX: (217)782-1062** |  |
| Operational and Maintenance Log | Building: | Month: | Year: |
|  | Hot Water Heating Boilers | Address: | Fuel Type: |
| Person(s) to be Notified in Emergency (Name and Telephone No.) | Illinois No.: |
| CHECKS (Enter Date) |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| (1) Record Pressure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (2) Record Boiler Water Temp. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (3) Record Flue Gas Temp. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| CHECKS (Enter Date) |
| (1) Observe Flame Condition | WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 |
| (2) Observe Circulating Pumps |  |  |  |  |
|  |  |  |  |  |
| CHECKS (Enter Date) |
| (1) Manual Lift Safety Valve |
|  | (A) Flame Detection Devices |  | (F) Refractory |  |
|  | (B) Limit Controls |  | (G) Stop Valves |  |
| (2) Review Condition of | (C) Operating Controls |  | (H) Check Valves |  |
|  | or Test Each Item | (D) Floor Drains |  | (I) Drain Valves |  |
|  | (E) Fuel Piping |  | (J) Linkages |  |
| (3) Observe Gage Glass on Expansion Tank |  |  |  |
| (4) Combustion Air Adequate/Unobstructed |  |  |  |
| General Comments: |

(Source: Added at 23 Ill. Reg. 162, effective January 1, 1999)

**Section 2120.APPENDIX A Operational and Maintenance Log**

**Section 2120.EXHIBIT B Steam Heating Boilers**

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| BW OSFM Logo | **OFFICE OF THE STATE FIRE MARSHAL****DIVISION OF BOILER & PRESSURE VESSEL SAFETY****1035 STEVENSON DRIVE****SPRINGFIELD, IL 62703-4259****(217)782-2696****FAX: (217)782-1062** |  |
| Operational and Maintenance Log | Building: | Month: | Year: |
|  | Steam Heating Boilers | Address: | Fuel Type: |
| Person(s) to be Notified in Emergency (Name and Telephone No.) | Illinois No.: |
| CHECKS (Enter Date) |
|  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| (1) Observe Water Level |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (2) Record Pressure. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (3) Record Flue Gas Temp. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| CHECKS (Enter Date) |
| (1) Test Low Water Cutoff | WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 |
| (2) Test Gage Glass |  |  |  |  |
| (3) Observe Flame Condition |  |  |  |  |
| CHECKS (Enter Date) |
| (1) Manual Lift Safety Valve |
|  | (A) Linkages |  | (F) Floor Drains |  |
|  | (B) Damper Controls |  | (G) Flame Detection Device |  |
| (2) Review Condition of | (C) Stop Valves |  | (H) Limit Controls |  |
|  | or Test Each Item | (D) Refractory |  | (I) Operating Controls |  |
|  | (E) Flue-Chimney Breeching |  |  |  |
| (3) Inspect Fuel Piping |  |  |  |
| (4) Combustion Air Adequate/Unobstructed |  |  |  |
| General Comments: |

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(Source: Added at 23 Ill. Reg. 162, effective January 1, 1999)