

**Department of Buildings and General Services
Burner Start-up Form**

Job Name _____
Address _____
City _____ State _____ Zip _____

Distributor _____
Location/Branch _____ Tel _____

Heating Contractor _____ Tel _____
Address _____
City _____ State _____ Zip _____

Service Contractor _____ Tel _____
Address _____
City _____ State _____ Zip _____

Device burner is on: Boiler Furnace Other: _____
Make _____
Model _____
Rated input _____ MBH _____ GPH # _____ Oil @ _____ "WC overfire

Burner:
Make _____
Model _____
UL # _____
Serial # _____

Burner Operation:
 On/Off
 Low-High-Low
 Full Modulation

Ignition System:
Operation Checked N/A
Adjustments Checked N/A

Electrical:
Nameplate:
Burner: Volts/Hz/Phase _____/_____/_____
Amps _____/_____/_____
Blower: Volts/Hz/Phase _____/_____/_____
Amps _____/_____/_____
Actual:
Burner: Volts/Hz/Phase _____/_____/_____
Amps _____/_____/_____
Blower: Volts/Hz/Phase _____/_____/_____
Amps _____/_____/_____

Burner Input:
Oil Low Fire _____ GPH
Oil High Fire _____ GPH
Gas Low Fire _____ MBH
Gas High Fire _____ MBH

Combustion Detector:
Make _____
Type _____
Number _____
Pilot Flame _____ Micro Amps
_____ Volts

Primary Control:

Make _____

Model _____

Primary Control Readings:

High Fire _____ Micro Amps

_____ Volts

Low Fire _____ Micro Amps

_____ Volts

Safety Switch Timing _____ Sec.

Lead/Lag:

Auto Manual None

Energy Management Control System:

Yes No

Make _____

Model _____

Combustion Readings: *Mid Point Readings are for Full Modulation Burners Only*

Oil Gas Other _____

Low Fire _____ %CO₂ _____ %O₂ _____ ppm CO

Med Fire _____ %CO₂ _____ %O₂ _____ ppm CO

High Fire _____ %CO₂ _____ %O₂ _____ ppm CO

Smoke:

Low Fire # _____

Med Fire # _____

High Fire # _____

Stack Temperature:

Low Fire _____ °F

Med Fire _____ °F

High Fire _____ °F

Combustion Efficiency:

Low Fire _____ %

Med Fire _____ %

High Fire _____ %

Venting:

Forced Draft Balanced Draft Natural Draft Induced Draft

Position of Damper Weight _____

Amount of Damper Weight _____

Damper Position _____

VFD frequency _____

Other _____

Draft/Pressure Over Fire:

Low Fire _____ "WC

High Fire _____ " WC

Test Opening Flue Collar:

High Fire _____ " WC

Oil Pressure: (Burner Pump)

Low Fire _____ psi

High Fire _____ psi

Oil Supply:

Lift _____

Run _____

Size _____

Vacuum: (Oil)

Low Fire _____ in

High Fire _____ in

Pressure to Burner:

Low Fire _____ psi

High Fire _____ psi

Oil Temp _____ °F

Gas Specifications:

BTU Content

Nat _____ BTUs

LP _____ BTUs

Other _____ BTUs

Oil Specifications:

Grade _____ (2, 4, 6, etc)

Heat Value _____ Btu/gal

Gas Pressure:

Inlet Gas Control Pressure

Lock-up _____ "WC

High Fire _____ " WC

Burner Manifold Pressure

Lock-up _____ "WC

High Fire _____ " WC

Other Checks:

- Operating Control cut out setting _____ °F / psi
- Operating Control cut in setting _____ °F / psi
- Limit Control cut out setting _____ °F / psi
- Limit Control cut in setting _____ °F / psi
- Temperature rise through Boiler/Furnace _____ °F
- Firing Rate Control Check..... Checked Setting _____ N/A
- Low Gas Pressure Switch..... Checked Setting _____ N/A
- High Gas Pressure Switch Checked Setting _____ N/A
- Low Oil Pressure Switch..... Checked Setting _____ N/A
- Low Air Atomizing Pressure Switch. Checked Setting _____ N/A
- Low Oil Temp Switch Checked Setting _____ N/A

Check for proper operation:

- Low Water Cut-off..... Checked N/A
- Manual Reset Low Water Cut-off..... Checked N/A
- Burner Air Flow Switch Checked N/A
- Fresh Air Damper End Switch Checked N/A
- Barometric Damper Checked N/A
- Boiler Room Comb Air/Vent Checked N/A
- Combustion Air/Vent Fan Checked N/A
- Flame Failure Test..... Checked N/A
- Pilot Turn Down Test..... Checked N/A
- Oil Tank Vent System Checked N/A
- Fuel Line Leaks..... Checked N/A
- Gas Lines and Controls:
- Properly Vented..... Checked N/A
- Other System Components:
- (Specify) _____ Checked N/A
- _____ Checked N/A
- _____ Checked N/A

Notes: _____

System Deficiencies: _____

Person Notified: _____
Title: _____

Comments about Burner Installation: _____

Comments about Burner Operation: _____

Owners Representative, Signature _____	Date _____
Heating Contractor, Signature _____	Date _____
Start-up Rep., Signature _____	Date _____