

STEAM WORKSHEET

UL-FILE # E39545

NAT. BD# 108513

SERIAL # 108513

(2)

DATE (M/D/Y) 2/21/2017

WIRE DIAGRAM NO. _____

REV _____

CRN # _____



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NAMEPLATE RATINGS:

(TO BE COMPLETED BY THE SALES DEPARTMENT)

PART NUMBER JJ1.5A1F

MODEL JR06

POWER SUPPLY VOLTAGE 120

CONTROL VOLTAGE 120

PHASE 1

FREQUENCY (HZ) 60

MAX. W.P. 100

KILOWATTS 1.5

TESTING SEQUENCE (TO BE COMPLETED BY THE QUALITY CONTROL MANAGER/CERTIFIED INDIVIDUAL)

A. HYDROSTATIC TEST OF COMPLETED BOILER:

PSIG 100 PERFORMED BY B. Butts DATE 2/21/17 SATISFACTORY YES ☒ NO ☐

B. DIELECTRIC VOLTAGE WITHSTAND TEST: (IAW UL834)

VOLTS 1200 PERFORMED BY B. Butts DATE 2/21/17 SATISFACTORY YES ☒ NO ☐

C. SAFETY RELIEF VALVE:

MANUFACTURER Conbraco

Model # 29-202A-100

STEAM BOILER ☒

HOT WATER BOILER ☐

MAX. W. P. 100 PSIG (VALVE ASME PLATE)

MAX. W. P. _____ PSIG (VALVE ASME PLATE)

CAPACITY 423 PPH (VALVE ASME PLATE)

CAPACITY _____ BTU/HR (VALVE ASME PLATE)

SIZE 1/2 IN

SIZE _____ IN

REQUIRED CAPACITY (PPH = 3.5 x kW) 5.25 PPH

REQUIRED CAPACITY (BTU/HR = 3412 x kW) _____ BTU/HR

MAX. TEMPERATURE _____ °F

OPERATIONAL TEST PERFORMED BY MRS

DATE 2-21-17 SATISFACTORY YES ☒ NO ☐

D. HEATING ELEMENT TESTING: AMPS 12.39

VOLTS 120 TOTAL KW 1.5K

PERFORMED BY B. Butts

DATE 2/21/17 SATISFACTORY YES ☒ NO ☐

E. SAFETY LIMIT CONTROLS (REF: ASME CSD-1, CG-500)

	OPERATIONAL TEST	SETTING	DATE	MANUFACTURER	MFG. MODEL #	PART#
LOW WATER CUTOFF	PERFORMED BY	PSI/°F				
AUTO RESET	<u>N/A</u>	<u>X</u>				
MANUAL RESET	<u>MRS</u>	<u>X</u>	<u>2-21-17</u>	<u>REIMERS</u>	<u>04316</u>	<u>04316</u>
PRESSURE CONTROLS						
HIGH LIMIT	<u>MRS</u>	<u>90</u>	<u>2-21-17</u>	<u>TECMARK</u>	<u>03155-ED</u>	<u>04296</u>
OPERATING #1	<u>MRS</u>	<u>60</u>	<u>2-21-17</u>	<u>TECMARK</u>	<u>03156-EC</u>	<u>04163</u>
OPERATING #2	<u>N/A</u>					
TEMPERATURE CONTROLS						
HIGH LIMIT						
OPERATING CONTROL						

F. CHECKOUT: CHECKOUT LIST NO. _____

SATISFACTORY YES ☐ NO ☐

Rep. Reimers Electra Steam, INC. (Name) BRAD BUTTS

DATE 2/21/17 Signature Brad Butts

Rep. Installer Contractor (Name) _____

DATE _____ Signature _____