**FORM-ID2-2 Information Sheet for Boiler Installation Plan**

**Information Sheet for Boiler Installation Plan**

Date: \_\_\_\_/\_\_\_\_\_/\_201\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Applicant** | | | | | |
|  | Name of Applicant: |  | | | | |
| Authorized Operation: |  | | | | |
| Address: |  | | | | |
| Contact: | Tel No.:\_\_\_\_\_\_\_\_\_\_\_\_\_ E- address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Investment Permit: | TSEZ-IP-xxx (Date of issue: ) | | | | |
| Building Permit No: | TSEZ-BP-xxx (Date of issue: ) | | | | |
| Fire Safety Certificate: | TSEZ-FSC-xxx (Date of issue: ) | | | | |
| ECPP | TSEZ-EP-xxx (Date of issue: ) | | | | |
| **2** | **Boiler Information** | | | | | |
|  | Purpose of Use | |  | | | |
| Model | |  | | | |
| Boiler Type | |  | | | |
| Name of Manufacturer | |  | | | |
| Year of Manufacture | |  | | Country of Manufacture |  |
| Equivalent Evaporation | | kg/ hour | | | |
| Combustion System | |  | | | |
| Fuel | | □Oil □Heavy oil □Gas □Coal □Others ( ) | | | |
| **3** | **Boiler Installation Plan** | | | | | |
|  | Location | | □GF □1F □Underground □Others ( ) | | | |
| Boiler Room | | □Yes　　　　□No | | | |
| Used Floor Area (sqm) | |  | | | |
| Estimated Schedule | |  | | | |
| Distance b/w Boiler and Fuel Tank | | | m | | |
| **4** | **Attached Documents and Drawings** | | | | | |
|  | * Certificate of Manufacturing Inspection by an inspection authority * Certificate of Product by a manufacturer * Certificate of manufacturing and testing by a steel maker * Material Certificate of physical and chemical properties * Detailed drawing of boiler including specification and materials * Layout Plan for Boiler Installation * List of equipment/parts for mountings and fittings * Copy of Invoice * Other items   \_\_ \_ | | | | | |

We hereby certify that above information is correct.

Applicant;

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSSC record:

|  |  |  |
| --- | --- | --- |
| Received : \_\_\_\_ /\_\_\_\_\_/\_201\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Checked :\_\_\_\_\_\_/\_\_\_\_\_\_/\_201\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Registered : \_\_\_\_\_\_/\_\_\_\_\_/\_201\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |