Rule 4304 – Equipment Tuning Certification

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Procedure:** | | | | | | | | |  | | | | **Permit #:** | | |  | | |
| **Owner/Operator:** | | | | | | |  | | | | | | | | | | | |
| **Location:** | | | |  | | | | | | | | | | | | | | |
| **City, State, Zip:** | | | | | |  | | | | | | | | | | | | |
| **Vessel Manufacturer:** | | | | | | | | | |  | | | | **Model:** | |  | | |
| **Serial Number:** | | | | | |  | | | | | | | |  | | | | |
| **Burner Manufacturer:** | | | | | | | | | |  | | | | **Model:** | |  | | |
| **Serial Number:** | | | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Unit is a package with one data plate.**  Yes  No | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Type of Unit:** | | | | | | | | | | | | | | | | | | |
|  | | Natural Draft Boiler | | | | | | | | |  | Steam Generator | | | | | | |
|  | | Forced Draft Boiler | | | | | | | | |  | Process Heater | | | | | | |
|  | | Induced Draft Boiler | | | | | | | | |  | Other: | | |  | | | |
|  | |  | | | | | | | | |  |  | | | | | | |
| **Tuning Method/Procedure:** | | | | | | | | | | | | | | | | | | |
|  | | Attachment 4304-A of District Rule 4304 | | | | | | | | | | | | | | | | |
|  | | Attachment 4304-B of District Rule 4304 | | | | | | | | | | | | | | | | |
|  | | Equivalent procedure approval letter from District (attached) | | | | | | | | | | | | | | | | |
|  | | A procedure that does not have prior District approval.  (A step by step description of the tune-up procedure must be attached) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Technician Performing Procedure:** | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | |
| Company: | | | | |  | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | |
| City, State, Zip: | | | | | | | |  | | | | | | | | | | |
| Phone Number: | | | | | | | | (     ) | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  |  |
|  | Signature | | | | | | | | | | | | | | | |  | Date |
|  | *My signature certifies that I have tuned the subject equipment in accordance with the method or procedure noted* | | | | | | | | | | | | | | | | | |