



**COMBUSTION TEST: Please fill out one combustion report for each boiler at the facility.**

Firing Rate	25% / Low / On	50% / Mid	75%	100% / High
Efficiency Reported (%)				
Stack Temperature (°F)				
Combustion Air Temperature (°F)				
Instrument Temperature (°F)				
Net Stack Temperature (°F)				
CO <sub>2</sub> (%)				
Excess Air (%)				
Oxygen (%)				
CO (ppm)				
NO (ppm)				
NOx (ppm)				
Undiluted CO (ppm)				

**Combustion Air:**

Fan type:  Forced Draft  Induced Draft

Variable Speed Drive:  Yes  No

Motor Horsepower:

Combustion Air Pre-heater:  Yes  No

Flue Gas Recirculation:  Yes  No

NOx Regulations (ppm):

**Boiler Blowdown:**

Surface Blowdown:  Yes  No  
Frequency (Surface):

Bottom Blowdown:  Yes  No  
Frequency (Bottom):

Blowdown Heat Recovery:  Yes  No  
Concentration of TDS in Blowdown (ppm):  
Concentration of TDS in Feed Water (ppm):

**Operating Conditions:**

Boiler Operating Pressure (PSIG):

Operating Steam/Hot Water Temperature:

Entering Feed water Temperature:

Steam Production (kp/h) – if applicable:

Stack Height (ft):

Stack Material:

**Stack Economizer:**

Do you have an Economizer:  Yes  No

Type of Economizer:  Condensing  
 Non-condensing

**Plant Description: Please describe the end uses of the boiler system. Include both heating and process applications.**

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**Scheduling: Please describe boiler loading conditions, run times, building operating shifts, and peak demand periods.**

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<b>PROPOSED CONDITIONS:</b>	<b>To Be Installed</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Total Cost</b>
Burner Combustion Control	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parallel Positioner (Servo Motors)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
O2 Trim (FGA)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Variable Frequency Drive	<input type="checkbox"/> Yes <input type="checkbox"/> No			
New Burner:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Gas-fired <input type="checkbox"/> Oil-fired ( <input type="checkbox"/> #2, <input type="checkbox"/> #4, <input type="checkbox"/> #6)				
Total (Cost)				

**Project Scope: Please describe work being performed and any efficiency project(s) that may have been completed within the past year.**

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Estimated Project Start Date: \_\_\_\_\_

Estimated Project Completion Date: \_\_\_\_\_

Name of Person completing form (Print): \_\_\_\_\_

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