

# Office of the Fire Commissioner



## APPLIANCE GENERAL CHECK LIST

The following general requirements must be met in order to be considered for a field start-up of an appliance by Inspection and Technical Services Manitoba (ITSM).

\*\*\*Please note that ALL requirements set forth in CSA B149.1, B149.2, B149.3, Manitoba Acts, Regulations, Manufacturer's Instructions, and any additional applicable Codes or Standards not included on this checklist must be upheld.\*\*\*

All sections of this form must be completed and signed by a certified Gas Fitter and submitted to ITSM for review and approval prior to starting up the appliance on-site.

***In the case of Construction Heaters, this form must be submitted within 72 hours of start-up.***

All appliances that are given approval to start-up based on the content of this form are still subject to field inspection of an ITSM inspector.

INSTALLER'S INFORMATION	
Date (mm/dd/yy)	
Fitters Name	
Phone Number	
Gas Licence Number	
Employer	
Supervisor's Name and Contact Number	
Employer's Address	

APPLIANCE IDENTIFICATION	
Appliance Location (include location and address)	
Make	
Model Number	
Serial Number	
Industry Standard Serial Number (if applicable)	
CH Permit Number (if applicable)	
Gas Permit Number (if applicable)	
Firing Rate	

SAFETY CHECKS			
A – SAFETY CHECKS – Permits:	YES	NO	N/A
1. Tanks Set Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appliance Gas/Oil Permit Obtained from ITSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appliance Electrical Permit Obtained from ITSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tank Material and CRN Number (U-1A Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>B – SAFETY CHECKS – Certifications:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Appliance and all associated components are certified/approved by a recognized certifying agency (ie: CSA and/or ITSM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hose is certified/approved by ITSM and is labelled in accordance with Section 6.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Isolation valves certified/approved by ITSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. All manufacturer instructions/installation/service manuals are provided iaw CSA 149.2; 3.3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The Gas Fitter has instructed the user in the safe and correct operation iaw CSA 149.2; 4.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All components conform to appropriate use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All containers are CSA certified and registered for use in Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All manufacturer labels are legible and intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>C – SAFETY CHECKS – Manufacturer Requirements:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Appliances are installed level (multiple appliance are level to each other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appliance supports have been installed and are in good condition (factory supplied)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appliances are installed on a firm, level, non-combustible material (ie: concrete pad) in accordance with manufacturer instructions, and in a manner that will not allow tipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>D – SAFETY CHECKS – CSA B149.1 Installation Requirements:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. Protection installed where physical damage can be incurred (4.23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All service clearances are in accordance with manufacturer's instructions and CSA B149.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Piping must comply with ASTM A 53/A 53M or ASTM A 106 and shall be at least schedule 40 or Schedule 80 in accordance with Section 6.2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Underground piping, tubing or fittings are protected from damage (trench properly graded, fill material free from sharp objects, etc.) complies with Section 6.15 and are protected against corrosion in accordance with 6.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pressure test performed in accordance with 6.22.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Venting is free from hazards (away from electrical, containers, appliance air intakes, etc.) and is vented to atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Floor plane (secure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All vapour relief valves function correctly and are rated for 250 PSig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Excess flow valve and correct size of downstream piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tank manual isolation valve(s) (ratings and pressures checked in relation to hydrostatics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Flare fittings (forged)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Hydrostatics certified and installed in all locations where propane may be isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Hydrostatics at correct pressures (dryer and main gas line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Valves for multiple systems (branch lines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Piping at valves secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Regulators are correctly installed, in the proper position, and are adequately supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Piping allows for movement, expansion and contraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Appliance leak tested (SSOV's leak tested)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>D – SAFETY CHECKS – CSA B149.1 Installation Requirements:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
19. Appliance SSOV's certified and marked, correct pressure for liquid and/or vapour side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. All containers are in an upright position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Any potential hazards have been eliminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments Check List (Please quote number)**

- A. PERMITS:
- B. CERTIFICATION:
- C. MANUFACTURER REQUIREMENTS:
- D. CSA B149.1 INSTALLATION REQUIREMENTS:

I certify that the above information is true and correct and complies with Manitoba Regulation 104/87R

**Name of Gas Fitter**

**Signature of Gas Fitter**

**Licence Number**

**Date**

Creation Date: October 18, 2012

**Please submit a signed copy of the Appliance General Check List by one of the following three methods:**

*Mail:*

The Office of the Fire Commissioner  
 Inspection and Technical Services Manitoba  
 500 – 401 York Avenue, Winnipeg MB R3C 0P8

*Fax:*

204.948.2309

*Email:*

[firecomm@gov.mb.ca](mailto:firecomm@gov.mb.ca)