



**THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

FORM AR365
Rev 04/2014

Bureau of Environmental Compliance
59-17 Junction Boulevard, 9th Floor
Flushing, New York 11373
Records Control (718)595-3855

Emily Lloyd
Commissioner

Michael Gilsean
Assistant Commissioner
Environmental Compliance

INSPECTION REQUEST - BOILER

Request Type	Date:	Fee Paid:	Installation No.:	Expiration Date:
<input type="checkbox"/> ORIGINAL * <input type="checkbox"/> RENEWAL				

I AM REQUESTING:

- AN INSPECTION AT THE PREMISE ADDRESS A RE-INSPECTION AT THE PREMISE ADDRESS

INFORMATION OF PREMISE

STREET ADDRESS:	NAME OF PREMISE [IF ANY]:	FLOOR:	ROOM NO.:
BOROUGH:	ZIP CODE:	BIN:	BLOCK:
			LOT:

INFORMATION OF APPLICANT

NAME OF APPLICANT:	TELEPHONE	FAX:
STREET ADDRESS:	CITY / BOROUGH:	STATE:
		ZIP CODE:
E-MAIL ADDRESS:	CELL PHONE:	

INFORMATION OF OWNER OF THE EQUIPMENT

NAME OF OWNER:	TELEPHONE	FAX:
STREET ADDRESS:	CITY / BOROUGH:	STATE:
		ZIP CODE:
E-MAIL ADDRESS:	CELL PHONE:	

INFORMATION OF AUTHORIZED AGENT WHO CAN BE CONTACTED TO SCHEDULE AN INSPECTION*

NAME OF INSTALLER / AGENT / SUPERINTENDENT:	TELEPHONE	FAX:
STREET ADDRESS:	CITY / BOROUGH:	STATE:
		ZIP CODE:
E-MAIL ADDRESS:	CELL PHONE:	

ENGINEERING PERFORMANCE TEST WORKSHEET MUST BE SUBMITTED ALONG WITH THIS REQUEST

My annual tune-up was conducted according to Section 2-09 of the New Engineering Criteria (Title 15 Chapter 2 of the Rules of the City of New York) on this date: _____ (for triennial renewals only).

- Installer Professional Engineer Owner / Agent

_____ NAME	_____ LICENSE NUMBER [IF APPLICABLE]
_____ SIGNATURE	_____ DATE

*ALL ORIGINAL INSPECTIONS MUST BE SIGNED BY LICENSED PROFESSIONAL.

FOR GENERAL INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www.nyc.gov/dep or call 311



PERFORMANCE TEST WORKSHEET

APPLICATION ID #: _____

TEST DATE: _____

ANALYZER USED FOR PERFORMANCE TEST:

Testo Model #: _____ Bacharach Model# _____
 Other: _____
Make *Model*

Date of Last Calibration:

ANNUAL PERFORMANCE TESTING MUST BE CONDUCTED FOR ALL FUELS (FUEL OIL AND NG) AT HIGH FIRE (80 TO 110 % LOAD) AND ALSO AT LOW FIRE FOR BOILERS EQUAL TO OR GREATER THAN 4.2 MMBTU/HR (30 GAL/HR)

	Test 1	Test 2	Test 3	Test 4	Test 5	Test 6
Boiler Number						
Load (%)						
Fuel Type (#2, #4, NG)						
Firing Rate (gph/cfh)						
Combustion Efficiency (%)						
O₂ (%)						
CO₂ (%)						
Excess Air (%)						
Stack Temperature (°F)						
CO (ppm) (if available)						
NOx (ppm) (if available)						
SOx (ppm) (if available)						
Smoke Bacharach #:						

1. For oil tests, if Combustion Efficiency ≥ 83, performance test = Passed; if < 83, performance test = Failed
2. For gas tests, if Combustion Efficiency ≥ 80, performance test = Passed; if < 80, performance test = Failed
3. If Smoke Bacharach # = > 3, Performance test = Failed

QUALIFIED COMBUSTION TESTER:

Licensed Installer Professional Engineer Other _____

Name: _____ Phone #: _____ Fax #: _____

Company Name: _____ Email Address: _____

Address: _____
Street *Apt.# / Room* *City* *State* *Zip*

I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief.

Signature: _____ License #: _____ Date: _____

***IMPORTANT:** COMBUSTION ANALYZER PRINTOUTS SHOULD BE ATTACHED WITH THIS WORKSHEET AND TESTING SHOULD BE PERFORMED WITHIN 3 MONTHS OF SUBMITTAL OF THE INSPECTION REQUEST. ANNUAL PERFORMANCE TEST RESULTS MUST BE INCLUDED IN THE RECORDKEEPING BY THE OWNER FOR A MINIMUM OF FIVE (5) YEARS.