

ANNEXURE TO G.O.MS.NO.37, LET&F (LAB) DEPARTMENT, DATED: 23.05.2016.

**FORM FOR FILING ANNUAL RETURNS FOR SELF CERTIFICATION
SCHEME UNDER THE BOILERS ACT, 1923**

I / We Mr / Mrs / Miss. _____ here by, certify that I / We am / are the Owner of the Boilers / Economiser, whose identification and general details are as follows:-

I / We hereby certify that my / our Boiler / Economiser have fully and correctly complied with all the provisions under the Scheme and the status of compliance of following Boilers Act, 1923 and annual return of my / our Boiler / Economiser, during the year _____ is as under:

1. Name of Establishment / Factory its postal address and location:-
2. Name and address of the owner:-
3. Nature of business industry or trade or occupation carried on by the employer:-
4. Boiler / Economiser Registration number:-
5. Name of the certified competent person & his C.B.B. Authorization No:-
6. Details of fees paid for renewal of certificate (Amount, date of payment, Mode of payment):-
7. Type of Boiler / Economiser:-
8. Boiler / economiser Rating (square meters):-
9. Place & Year Manufacture:-
10. Boiler Manufacture:-
11. Approved Working Pressure:- _____ Kg/Cm²
12. Quality of steam and its temperature :-
13. Rate of steam generation:-
14. Brief description of boiler:-
15. Whether fired or waste heat boiler:-
16. Expiry date of current certificate / validity:-
17. Details of past repairer (year-wise) during last 10 years:-
18. Quality of Boiler feed water and boiler water:-
19. Whether requisite number of feed pumps are in satisfactory working condition at present:-
20. Observation during open inspection (Through Examination):-
21. Number of safety valves mounted:-
22. Whether safety valves are blowing Satisfactory at or below design Pressure?
23. Whether safety valve assembly is Free from jamming as verified by Operating casing level?
24. Whether high and low water level alarm are in good condition?
25. Number of water level gauges, mounted and its condition:-
26. Whether main steam stop valve, Feed check valves, blow down valves and master pressure gauge is in working condition:-
27. Whether conditional requirement for automatic boiler as per Regulation 281 are complied with? (if no give details):
28. Latest date of calibration for master Pressure gauge, temperature indicator / Recorder for superheated, hot reheat, Cold reheat and main steam:-
29. Details of boiler tripping for last three months with reasons thereof:-
30. Present irregularities in instrument and control, if any observed in control Room of boiler house:-
31. Date when boiler water sample tested (enclosed copy of test Reports showing TDS):-
32. State at what interval such test carried out:-
33. When boiler was last opened for internal and / or external cleaning:-
34. Whether working pressure of the boiler ever exceeded in the past beyond certified limit? If any, give details:-
35. Particulars of Boiler Operation Engineers / Attendants with details of total period of employment at present boiler / economiser:-
(Enclose copies of Boiler Operation engineers / Attendants certificates duly attested by the owner)
36. Open inspection (Thorough Examination) conducted on:-
37. Hydraulically tested on date:- _____ to _____ Kg/Cm²
38. List of Enclosures attached:-
39. In case of New Boilers under section-7
 - a. Name & Class of Erector:-
(enclose erection completion report)
 - b. Name of the welders engaged:-
(enclose certificates)

I have inspected the above boiler / economiser / steam pipeline as required under notification no. _____ dated _____ of Government of Telangana and I am satisfied that the boiler / economiser / steam pipeline is fit for further use at the approved working pressure i.e., _____ Kg/Cm², from _____ to _____

Signature of
Owner:
Name of owner:
Address:

Signature of Competent Person:
Name of Competent Person:
C.B.B Authorization No:

FORM VI

**Government of Telangana State
Certificate for use of a Boiler under Self Certification scheme
(Regulation 389)**

- 1. Registry number of Boiler :
- 2. Type of Boiler :
- 3. Boiler Rating : M²
- 4. Place & Year of Manufacture :
- 5. Maximum Continuous Evaporation :
- 6. Name of the Owner :
- 7. Situation of Boiler :
- 8. Repairs of Boiler :
- 9. Remarks :

Hydraulically tested on _____ to _____ Kg/Cm².

I hereby certify that the above described boiler is permitted by me under provisions of section 7/8 the Boilers Act, V of 1923, to be worked at maximum pressure of _____ Kg/Cm². For the period from _____ to _____

The loading of the _____ safety valve is not to exceed _____ Kg/Cm²

Fee: _____ Paid on _____

Dated at: _____

This _____ day of _____ 20

SPL No: _____ Inspected

Competent Person

Length: _____ Mts

Fee: _____ Paid on _____

Countersigned

Signature of the owner

Seal & Stamp

Director of Boilers

(In case of Steam test & repairs only)

Particulars of Erector /Repairer

Particulars of the Competent Person

Signature: _____

Name: _____

Class of Recognition

& Validity: _____

Address: _____

Name of Competent Person:-

C.B.B. Authorization No.: _____

Address: _____

FORM-XI

**Government of Telangana State
Certificate for use of a Economiser under Self Certification scheme
(Regulation 530)**

1. Registry number of Economiser :
2. Type :
3. Number of tubes :
4. Number of headers :
5. Economiser Rating :
6. Place & Year of Manufacture :
7. Name of owner :
8. Situation of Economiser :
9. Repairs :
10. Remarks :

I hereby certify that the above described Economiser is permitted by me under the provisions of Section _____ of the Boilers Act, 1923 (V of 1923) to be worked at a maximum pressure of _____ Kg/ cm² in maximum temperature of _____ °F. for the period from _____ to _____

The loading of the safety valve is not to exceed _____ Kg/ cm²

Fee _____ Paid on _____

Dated at: _____

This _____ day of _____ 20

Competent Person

Countersigned

Signature of the owner
Seal & Stamp

Director of Boilers
(In case of Steam test & repairs only)

Particulars of Erector/Repairer

Name: _____

Class of Recognition

& Validity: _____

Address: _____

Particulars of the Competent Person

Name of Competent Person:- _____

C.B.B. Authorization No.: _____

Address: _____