

## Hot Water Heating Boiler Log

### Boiler & Pressure Vessel Inspection Bureau

6200 Park Ave., Suite 100  
Des Moines, IA  
50321

|                |                                     |                     |               |                 |
|----------------|-------------------------------------|---------------------|---------------|-----------------|
| Maintenance    | State of Iowa Jurisdiction #: _____ | Month _____         | Year _____    | Fuel Type _____ |
| Testing        | Company Name _____                  | Building Name _____ |               |                 |
| Inspection Log | Address _____                       | Address _____       |               |                 |
|                | Contact Name _____                  | Email Address _____ | Phone # _____ |                 |

| Weekly Maintenance Inspection Checks |                               |              |            |                |              |            |                |              |            |                |              |            |                |
|--------------------------------------|-------------------------------|--------------|------------|----------------|--------------|------------|----------------|--------------|------------|----------------|--------------|------------|----------------|
| No.                                  | Item                          | Week 1       |            |                | Week 2       |            |                | Week 3       |            |                | Week 4       |            |                |
|                                      |                               | Date Checked | Checked By | Notes/Findings | Date Checked | Checked By | Notes/Findings | Date Checked | Checked By | Notes/Findings | Date Checked | Checked By | Notes/Findings |
| 1                                    | Observe Flame Condition       |              |            |                |              |            |                |              |            |                |              |            |                |
| 2                                    | Observe Circulating Pump(s)   |              |            |                |              |            |                |              |            |                |              |            |                |
| 3                                    | Low-water fuel cutoff devices |              |            |                |              |            |                |              |            |                |              |            |                |
| 4                                    |                               |              |            |                |              |            |                |              |            |                |              |            |                |

| Monthly Maintenance Inspection Checks |                                           |              |            |                |
|---------------------------------------|-------------------------------------------|--------------|------------|----------------|
| No.                                   | Item                                      | Date Checked | Checked By | Notes/Findings |
| 1                                     | Manually Lift Relief Valve                |              |            |                |
| 2                                     | Review The Condition of or Test Each Item |              |            |                |
| 2 (A)                                 | Flame Detection Devices                   |              |            |                |
| 2 (B)                                 | Limit Controls                            |              |            |                |
| 2 (C)                                 | Operating Controls                        |              |            |                |
| 2 (D)                                 | Floor Drains                              |              |            |                |
| 2 (E)                                 | Fuel Piping                               |              |            |                |
| 2 (F)                                 | Refractory                                |              |            |                |
| 2 (G)                                 | Stop Valves                               |              |            |                |
| 2 (H)                                 | Check Valves                              |              |            |                |
| 2 (I)                                 | Drain Valves                              |              |            |                |
| 2 (J)                                 | Linkages                                  |              |            |                |
| 3                                     | Observe Gage Glass on Expansion Tank      |              |            |                |
| 4                                     | Combustion Air Adequate/Unobstructed      |              |            |                |
| 5                                     | Flue, vent, stack, or outlet dampers      |              |            |                |
| 6                                     |                                           |              |            |                |
| 7                                     |                                           |              |            |                |

Comments:

|                       |            |      |              |
|-----------------------|------------|------|--------------|
| Final Document Review | Checked By | Date | Phone Number |
|                       |            |      |              |