



An Act Respecting Crane Operators and Power Engineers

Environment and Labour
Public Safety Division
Power Engineers Section
P.O. Box 697
Halifax, NS
B3J 2T8

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FORM 1A

APPLICATION TO OPERATE A GUARDED PLANT UNDER MINIMUM OR PERIODIC SUPERVISION

Note: This form must accompany, or be completed and submitted in addition to, the Application for Registration of a Plant Form 1 as required under Section 32 (2) of An Act Respecting Crane Operators and Power Engineers and Sections 6 to 9 of the Regulations made pursuant to the Act.

Name of Plant _____ Plant Registration # _____

Street address of plant _____

Plant Owner _____

Please complete Sections 1 through 6, as applicable to your plant.

1. Type of Plant: Boiler Refrigeration Compressor
2. Type of Supervision Being Requested Minimum Periodic

| FOR DEPARTMENTAL USE ONLY | |
|--|--|
| Date of Inspection | |
| Printed name of inspector who conducted the inspection | |
| Signature of Inspector | |
| Approved to operate as a guarded plant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date approved | |
| Signature of Inspector-Examiner | |

3. Technical Requirements For Guarded Plants

Please confirm which of the required safety devices are currently in place and functioning properly, where applicable to your plant.

A. Steam Boiler Plant *Not applicable*

| Device | Furnace Purge | Flame Failure tripping device | Low Water Level tripping device | High Water Level tripping device | Low Combustion Air Pressure tripping device | High Steam Pressure tripping device | Kill Switch |
|------------|---------------|-------------------------------|---------------------------------|----------------------------------|---|-------------------------------------|-------------|
| (Please ✓) | | | | | | | |

Are all required safety devices equipped with manual resets? Yes No

Date on which the required safety devices were last tested _____

Name of company/person who carried out the testing _____

Are you enclosing written verification of the test results? Yes No

B. High Temperature Hot Water Boiler Plant *Not applicable*

| Device | Furnace Purge | Flame failure tripping device | Low Water Level tripping device | High Water Temp tripping device | Low Combustion Air Pressure tripping device | High Water Pressure tripping device | Kill Switch |
|------------|---------------|-------------------------------|---------------------------------|---------------------------------|---|-------------------------------------|-------------|
| (Please ✓) | | | | | | | |

Are all required safety devices equipped with manual resets? Yes No

Date on which the required safety devices were last tested _____

Name of company/person who carried out the testing _____

Are you enclosing written verification of the test results? Yes No

C. Refrigeration Plant *Not applicable*

| Device | High Liquid Level | High Refrigerant Temperature | High Discharge Pressure | Low Oil Pressure | Ammonia Vapour Detection System | Machinery Room as per CSA B52 | Kill Switch |
|------------|-------------------|------------------------------|-------------------------|------------------|---------------------------------|-------------------------------|-------------|
| (Please ✓) | | | | | | | |

Refrigeration Plant Cont.

Are all required safety devices equipped with manual resets?

Yes No

Date on which the required safety devices were last tested

Name of company/person who carried out the testing

Are you enclosing written verification of the test results?

Yes No

D. Air or Gas Compressor Plant

Not applicable

(i) Air Cooled Compressors

Not applicable

| Device | High Air/Gas Pressure | High Air/Gas Discharge temperature | Low Oil Pressure | Fan Motor Overload tripping device | Compressor Motor Overload tripping device | Kill Switch |
|------------|-----------------------|------------------------------------|------------------|------------------------------------|---|-------------|
| (Please ✓) | | | | | | |

Are all required safety devices equipped with manual resets?

Yes No

Date on which the required safety devices were last tested

Name of company/person who carried out the testing

Are you enclosing written verification of the test results?

Yes No

(ii) Water Cooled Compressors

Not applicable

| Device | High Air/Gas Pressure | High Air/Gas Discharge temperature | Low Oil Pressure | Low Cooling Water Pressure | High Cooling Water Temperature | Compressor Motor Overload | Kill Switch |
|------------|-----------------------|------------------------------------|------------------|----------------------------|--------------------------------|---------------------------|-------------|
| (Please ✓) | | | | | | | |

Are all required safety devices equipped with manual resets?

Yes No

Date on which the required safety devices were last tested

Name of company/person who carried out the testing

Are you enclosing written verification of the test results?

Yes No

4. Extended Alarm System

Is the plant currently equipped with an alarm system that will audibly and visually warn the power engineer, operator or any other persons in the vicinity of the plant of the occurrence of any abnormal operating condition of the plant? Yes No

Does the local alarm system continue to indicate an audible and visual alarm until the abnormal condition is rectified? Yes No

Is the alarm system connected to a continuously attended monitoring system? Yes No

5. Alarm Monitoring

If you utilize an alarm monitoring agency/company, please complete the following section.

| | |
|------------------------|--|
| Name of Agency/Company | |
| Mailing Address | |
| Postal Code | |
| Telephone | |
| Facsimile (Fax) | |

6. Plant Staffing

Please provide the name of the chief power engineer or chief operator who will be responsible for the guarded plant during periods when it operates unattended by a qualified shift power engineer or operator.

Name: _____

Certificate Number: _____

Index Number: _____

Telephone: _____

Submitted by: _____

Title: _____

Date Submitted: _____