

ANNEXURE-IV

FORM FOR FILING ANNUAL RETURN FOR SELF CERTIFICATION  
SCHEME UNDER THE BOILERS ACT, 1923.

I / We Mr / Mrs / Miss \_\_\_\_\_ hereby, certify that I / We am / are the Owner of the Boiler / 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. Name of the certified Boiler Operation Engineer responsible for supervision and control of the Boiler / Economiser:-
4. Nature of business, industry or trade or occupation carried on by the employer:-
5. Boiler / Economiser Registration number:-
6. Registration number allotted under the Self Certification Scheme:-
7. Details of fees paid for renewal of certificate (Challan, amount, date of payment):

**Signature of Owner**  
(Name and signature of authorised  
Signatory along with the company stamp)

Annexure - V

**Certificate of Boiler / Economiser under Self-Certification Scheme and Annual  
Return for the Year -**

1. Registration number allotted under the Self Certification Scheme:
2. Name and address of Owner:
3. Registry number of Boiler / Economiser :
4. Type of Boiler / Economiser :
5. Boiler / Economiser Rating (m<sup>2</sup>):
6. Place & Year of Manufacture:
7. Boiler Manufacturer:
8. Approved Working Pressure: \_\_\_\_\_ Kg/cm<sup>2</sup>
9. Quality of steam and its temperature:
10. Rate of steam generation:
11. Brief description of boiler:
12. Whether fired or waste heat boiler:
13. Date of registration:
14. Last date of annual inspection:
15. Expiry date of current certificate / validity:
16. Details of past repair (Year- wise):
17. Quality of Boiler feed water and boiler water:
18. Whether requisite number of Feed pump are in satisfactory working condition at present?
19. Number of safety valve mounted:
20. Whether safety valve are blowing Satisfactory at or below design Pressure?
21. Whether safety valve assemble is Free from jamming as verified by Operating casing lever?
22. Whether high and low water level alarm is in good condition?
23. Number of water level gauges, mounted and its conditions:
24. Whether main steam stop valve, Feed check valves, blow down valves and master pressure gauge is in working condition?
25. Whether conditional requirements for automatic boiler as per Regulation 281 are complied with? (if no give detail):
26. Latest date of calibration for master Pressure gauge, temperature indicator / Recorder for superheated, hot reheat Cold reheat and main steam:
27. Latest date when boiler protection Device were satisfactorily tested:

28. Detail of boiler tripping for last three months with reason thereof:
29. Present irregularities in instrument and control if any observed in control Room of boiler house:
30. Date when boiler water sample tested (enclosed copy of test Report showing TDS):
31. State at what interval such test carried out:
32. When boiler was last opened for Internal and/or external cleaning:
33. State at what intervals such cleaning is carried out?
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:
36. Open inspection on:
37. Observation during open inspection:
38. Hydraulically tested on dt. \_\_\_\_\_ to \_\_\_\_\_ kg/cm<sup>2</sup>
39. List of Enclosures attached:

I have inspected the above boiler / economiser as required under notification no. \_\_\_\_\_ dated \_\_\_\_\_ of Maharashtra Government and I hereby certify that the boiler / economiser is fit for further use at the approved working pressure i.e. \_\_\_\_\_ Kg/cm<sup>2</sup> for twelve months / twenty four months i.e. from \_\_\_\_\_ to \_\_\_\_\_

Signature Owner: _____ of
Name of Owner under Section 2(d) of Boilers Act, 1923: _____
Office Seal:
Address:-

Signature of BOE:
Name of BOE: _____
Details of BOE Certificate No, date and issuing authority: _____
Address:-

Date:

Place: