

Location:

Building:

Room:

Attendees:

Note Taker:

Date and Time:

Boiler

No	Type	Power	Age	Control Technology	Setting	Calibration	Last Inspected	Last Cleaned	Quantity	Comment
1										
2										
3										
4										

General Comments:

Pipes

No	Insulation	Length	Diameter	Pipe/Valve	Comment
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Roof / Ceiling / Wall

No	Item	Color	Insulation	Comment
1				
2				
3				
General Comments:				