



BOILER-FIRED PRESSURE VESSEL INSPECTION

1	Location Name				Telephone Number		Email Address	
	Street Address				City		State	Zip Code
2	Certificate Contact - Business Name		Certificate Contact - First/Last Name		Certificate Contact - Email		Certificate Contact - Telephone Number	
	Certificate Contact - Street Address				Certificate Contact - City		Certificate Contact - State	Certificate Contact - Zip Code
3	Invoice Contact - Business Name		Invoice Contact - First/Last Name		Invoice Contact - Email		Invoice Contact - Telephone Number	
	Invoice Contact - Street Address				Invoice Contact - City		Invoice Contact - State	Invoice Contact - Zip Code
4	Jurisdiction Number	National Board Number	Serial Number - If Cast Iron	Alternate/Owner Number	Manufacturer	Year Built	Year Installed	Location In Plant
	Equipment Type (CAB) Cast Iron		Equipment Use (HWS) HW Heat			ASME/Other Code (H) H		
	Stamped Mawp	Minimum Prd	Heating Surface	Method Of Firing (BURNER) Auto		Fuel (COAL/GAS) Gas	Internal Access None	
5	Low Water Cutout Installed? Yes		Low Water Cutout Tested? Yes		Hi Limit Temp/Pressure Installed? Yes		Combustion Controls (NFPA) CSD-1	
	Inspection Date (Month/Day/Year)	Certificate Expiration Date (Month/Day/Year)	Certificate Duration (Months) 24	Inspection Type External	Certificate Inspection? Yes	First Inspection? Yes	Certificate Posted? No	
	Are there any open violations for this equipment? If yes, see page 2 for list of conditions observed and code requirements.		Pressure Test? If yes, record psi.	# of prd # of PRDs: TOTAL CAPACITY:		Units - Total Capacity BTU/HR	Was boiler fired? Yes	
	Combustion Air Verified? No			Log Reviewed? No				
	Inspector's Comments							
6	Conditions Explained To - First Name, Last Name, Title				Email		Telephone Number	
	I hereby certify this is a true report of my inspection (Inspector Name, Printed)		National Board Commission #		State Certificate Of Competency #			
	Inspector Signature							



BOILER-FIRED PRESSURE VESSEL REPORT OF INSPECTION - VIOLATIONS LIST								
8	Jurisdiction Number	National Board Number	Serial Number (If Cast Iron)	Alternate/Owner Number	Manufacturer	Year Built	Year Installed	Location In Plant
9	Conditions Observed							
10	Code Requirements							
11	I hereby certify this is a true report of my inspection (inspector name, printed)		National Board Commission #		State Certificate Of Competency #			