



Illinois Office of the State Fire Marshal
Division of Boiler and Pressure Vessel Safety

1035 Stevenson Drive, Springfield, Illinois 62703
(217) 782-2696 - sfm.boilers@illinois.gov



INSPECTION REPORT

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		EQUIPMENT USE		ASME/OTHER CODE		INTERNAL ACCESS		
	Air Tank		Storage		U		☐ Manhole ☐ Handhole ☐ Other ☐ None		
	STAMPED MAWP	MINIMUM PRD CAPACITY REQUIRED	ORIENTATION	LENGTH	UNITS	DIAMETER	UNITS		
			☐ Vertical ☐ Horizontal		☐ Centimeters ☐ Inches		☐ Centimeters ☐ Inches		
MINIMUM SHELL THICKNESS		UNITS	MINIMUM HEAD THICKNESS	UNITS	SIZE	UNITS			
		☐ Centimeters ☐ Inches		☐ Centimeters ☐ Inches					
5	INSPECTION DATE (MONTH/DAY/YEAR)	CERTIFICATE EXPIRATION DATE (MONTH/DAY/YEAR)	CERTIFICATE DURATION? (MONTHS)	INSPECTION TYPE	CERTIFICATE INSPECTION?	FIRST INSPECTION?	CERTIFICATE POSTED?		
			36	☐ Internal ☐ External	☐ Yes ☐ No ☐ Follow Up	☐ Yes ☐ No	☐ Yes ☐ No		
	ARE THERE ANY OPEN VIOLATIONS FOR THIS EQUIPMENT? IF YES, SEE PAGE 2 FOR LIST OF CONDITIONS OBSERVED AND CODE REQUIREMENTS?		PRESSURE TEST?	PRD COUNT, SET PRESSURE & CAPACITY		UNITS - TOTAL CAPACITY ()	SHELL THICKNESS	HEAD THICKNESS	
			☐ Yes PSI _____ ☐ No						
Rupture Disc?									
☐ Yes ☐ No									
6	INSPECTOR'S COMMENTS								
7	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 #		EMPLOYER			
	INSPECTOR SIGNATURE								



**OFFICE OF THE ILLINOIS
STATE FIRE MARSHAL**

DIVISION OF BOILER AND PRESSURE VESSEL SAFETY
1035 STEVENSON DRIVE
SPRINGFIELD, ILLINOIS 62703-4259
sfm.boilers@illinois.gov
(217) 782-2696

PRESSURE VESSEL REPORT OF INSPECTION - VIOLATIONS LIST								
8	Jurisdiction Number	National Board Number	Serial Number	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 #			