

BOILER OR PRESSURE VESSEL DATA REPORT- FIRST INTERNAL INSPECTION

1	DATE INSPECTED MO DAY YEAR	CERT EXP DATE MO YR	CERTIFICATE INSPECTION <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER NO.	JURISDICTION NUMBER	NAT'L BD.NO. <input type="checkbox"/> OTHER NO <input type="checkbox"/>		
2	OWNER				NATURE OF BUSINESS	KIND OF INSPEC. INSPECTION <input type="checkbox"/> Int <input type="checkbox"/> Ext	INSPECTION OPENINGS <input type="checkbox"/> YES <input type="checkbox"/> NO	
	OWNER STREET ADDRESS NUMBER				OWNER'S CITY/COUNTY		STATE	ZIP
3	USER'S NAME - OBJECT LOCATION				SPECIFIC LOCATION IN PLANT		OBJECT LOCATION - COUNTY	
	USER'S STREET ADDRESS NUMBER				USER'S CITY/COUNTY			STATE VA
4	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> Air Tank <input type="checkbox"/> Water Heater <input type="checkbox"/> Other _____			YEAR BUILT	MANUFACTURER	YEAR INST	<input type="checkbox"/> NEW <input type="checkbox"/> SECOND HAND	
5	USE <input type="checkbox"/> Power <input type="checkbox"/> Process <input type="checkbox"/> Steam Htg <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> Other _____			FUEL (BOILER)	METHOD OF FIRING (BOLER)	PRESSURE GAGE TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO		
6	PRESSURE This inspection _____ Prev. Inspection _____		SAFETY-RELIEF VALVES Set at _____		SV CAPACITY (LB/HR)			
7	SAFETY RELIEF VALVES No. _____ Size _____		PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No" explain)		TOTAL REQUIRED CAPACITY _____ Cfm _____ Lbs./Hr _____ Btu/Hr			
	BOILERS CI SECTIONS NO. _____		OTHER DIAM (FT) _____		PRESSURE VESSELS D (FT) _____ L (FT) _____		AREA (SQ FT)	VOLUME (CU FT)
9	BLOW OFF PIPE Size _____ in Location _____		REQUIRED CONTROLS INSTALLED PROPERLY <input type="checkbox"/> Yes <input type="checkbox"/> No		PIPING INSTALLED PROPERLY <input type="checkbox"/> Yes <input type="checkbox"/> No		CONTROLS OPERATE SATISFACTORILY <input type="checkbox"/> Yes <input type="checkbox"/> No	
10	STOP VALVES	ON STEAM LINES <input type="checkbox"/> Yes <input type="checkbox"/> No	ON RETURN LINES <input type="checkbox"/> Yes <input type="checkbox"/> No	CHECK VALVES	FEED LINES <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN LINES <input type="checkbox"/> Yes <input type="checkbox"/> No	FEED PIPE SIZE: _____ IN.	
11	ASME STAMPING S _____ H _____ U _____ HLW _____ E _____ M _____ NONE _____ OTHER _____							
12	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAYBE ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No" explain fully on back of form - listing code violations)				HYDRO TEST <input type="checkbox"/> Yes _____ psi Date _____ <input type="checkbox"/> No			
	UNLESS OTHERWISE NOTED BELOW THE OBJECT ON THIS REPORT IS CONSIDERED SAFE FOR SERVICE							
13	REQUIREMENTS: (LIST CODE VIOLATIONS)							
14	NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:					TELEPHONE/FAX NO.		
15	I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION Signature of Inspector			IDENT NO.	EMPLOYED BY		IDENT. NO	