BOILER – FIRED PRESSURE VESSEL – REPORT OF INSPECTION

Standard Form States Operating Under The ASME Code

1	DATE INSPECTED MO DAY YEAR	CERT EXP DATE MO YR	CERTIFICATE POSTED ☐ YES ☐ NO	OWNER NO.	STATE NUMBER	NAT'L BD.NO. ☐ OTHER NO ☐	
2	OWNER			NATURE OF BUSINESS	KIND OF INSPECTION ☐ INT ☐ EXT	CERTIFICATE INSPECTION ☐YES ☐ NO	
	OWNER STREET ADDRESS NUMBER			OWNER'S CITY		STATE	ZIP
3	USER'S NAME – OBJECT LOCATION			SPECIFIC LOCATION IN PLANT		OBJECT LOCATION - COUNTY	
	USER'S STREET ADDRESS NUMBER			USER'S CITY		STATE	ZIP
4	TYPE ☐ FT ☐WT ☐ CI ☐ Other _____		YEAR BUILT	MANUFACTURER			
5	USE ☐ POWER ☐ PROCESS ☐ STEAM HTG ☐ HWH ☐ HWS ☐ Other_____			FUEL	METHOD OF FIRING	PRESSURE GAGE TESTED ☐ YES ☐ NO	
6	PRESSURE ALLOWED THIS INSPECTION _____ PREV. INSPECTION _____	SAFETY-RELIEF VALVES SET AT _____	EXPLAIN IF PRESSURE CHANGED				
7	IS THIS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE USED? ☐ YES ☐ NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)			HYDRO TEST ☐ YES _____PSI. DATE _____ ☐ NO			
8	CONDITIONS: *With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report condition of setting, lining, baffles, supports, etc. Describe any major changes or repairs made since last inspection.*						

9 REQUIREMENTS: (LIST CODE VIOLATIONS

10 NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

SIGNATURE OF INSPECTOR IDENT. NO. EMPLOYED BY IDENT. NO

BPV-6

PRESSURE VESSEL – REPORT OF INSPECTION – (EXTENSION SHEET)

	DATE OF INSPECTION	OWNER - USER	LOCATION

OWNER'S NO.	JURISDICTION NUMBER	N.B. ASME OR STD. NO.	INT.	EXT.	* CERT. __ NO OF YEARS	TYPE OF OBJECT	YEAR BUILT	MADE BY	ALLOW. PRESS.	TEMP. OF	R.V.S.V. SETTING

** In this column show the number of years for which the Inspector authorizes the issuance of the certificate.*