

**The National Board of Boiler and Pressure Vessel Inspectors**  
**REPORT OF FITNESS FOR SERVICE ASSESSMENT**

F.F.S. Assessment No. \_\_\_\_\_

1. Equipment Owner Information: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

2. FFS Assessment Performed By: \_\_\_\_\_  
(Name of Organization or Individual)

\_\_\_\_\_  
(Address)

3. Location of Equipment Installation: \_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Address) \_\_\_\_\_  
(Jurisdiction)

4. Equipment or Component Information: \_\_\_\_\_  
(MFG SR#, NB#, Jurisdiction#, Year Built, Other)

\_\_\_\_\_  
(Equipment Material Specification, Grade)

\_\_\_\_\_  
(Design & Operating Pressures, Design & Operating Temperatures)

5. Original Code of Construction: \_\_\_\_\_  
(Name) (Section) (Division) (Edition) (Addendum)

FITNESS FOR SERVICE STANDARD USED FOR ASSESSMENT \_\_\_\_\_

6. Flaw Type(s) and/or Damage Mechanisms considered in FFS Assessment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. FFS Assessment Procedures (attach FFS Assessment reference documents with details if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

Inspection Results: \_\_\_\_\_  
(Type of NDE Performed, Pressure Tests, Thickness Measurements, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Failure Modes Identified: \_\_\_\_\_  
(Crack-Like Flaws, Pitting, Bulges/Blisters, General or Localized Corrosion, etc.)

8. FFS Assessments Results / Recommendations (Check boxes that apply and provide details):

Continued Operation       Repair       Replace       Continue Operation Until: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details (if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Owners Inspection Intervals (Based on Assessment):

\_\_\_\_\_ (Months/Years)

10. Inservice Monitoring Methods and Intervals:

\_\_\_\_\_ (Methods, Months/Years)

11. Operating Limitations (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ certify that to the best of my knowledge and belief the statements in this report are correct and that the information, data, and identification numbers are correct and in accordance with provisions of the *National Board Inspection Code*, Part 2, 4.4. Applicable documentation is attached to support this assessment.

Owner Name \_\_\_\_\_ (Printed)

Signature \_\_\_\_\_ (Owner)      Date \_\_\_\_\_

Organization Performing Assessment \_\_\_\_\_ (Name)

Signature \_\_\_\_\_ (Responsible Engineer)      Date \_\_\_\_\_

Verified By \_\_\_\_\_ (Inspector, Printed)      Employer \_\_\_\_\_ (Accredited Inspection Agency)

Signature \_\_\_\_\_ (Inspector)      Date \_\_\_\_\_

NB Commission # \_\_\_\_\_ (National Board & Jurisdiction Number)

(Back)

**A07 5.3.7.1 GUIDE FOR COMPLETING FITNESS FOR SERVICE ASSESSMENT REPORTS**

1. For tracking and reference purposes indicate the sequential Fitness for Service Assessment number.
2. Name and address of the owner of the equipment that is being assessed for Fitness for Service.
3. Name and address of the organization or individual performing the Fitness for Service Assessment.
4. Name and address of the facility where the equipment being assessed for Fitness for Service is located.
5. Name of the Jurisdiction where the assessed equipment is located.
6. Identification of Equipment including Manufacturer, Manufacturer's serial number, National Board Number, Jurisdiction assigned registration number, and Year built. Also include Equipment/Component Material Specification/Grade, Design and Operating Pressures, Design and Operating Temperatures, if applicable.
7. Indicate the name, section, division, edition, and addenda of the original Code of Construction.
8. Name of the Standard used to perform the Fitness for Service Assessment.
9. Description of the Equipment / Component damage mechanism or flaw types considered in the Fitness for Service Assessment.
10. Description of the Fitness for Service Assessment level and technique. Attach all relevant Fitness for Service Assessment procedures and detailed documentation.
11. Description of the Inspection and NDE results as prescribed in the Fitness for Service Assessment analysis.
12. Description of the Failure, Damage and/or Deterioration modes identified in the Fitness for Service Assessment.
13. Indicate the results of the Fitness for Service Assessment, including remediation recommendations.
14. Indicate if the equipment can continue current operation.
15. Indicate if repairs are required.
16. Indicate if equipment replacement is required.
17. Indicate if continued operation has a finite date.
18. Indicate finite date of continued operation (if applicable).
19. Indicate the required Inspection intervals as determined by the Fitness for Service Assessment.
20. Indicate the required inservice monitoring methods and intervals for the equipment as defined by the Fitness for Service Assessment.
21. Describe any operating or inservice limitations for the equipment. This would include any reductions / changes in operating pressures or temperatures.
22. Type or print the name of the representative of the Organization or individual performing the Fitness for Service Assessment.
23. Name of the Owner of the equipment.
24. Signature of Owner.

- A07** 25. Indicate the month, day, and year of the Owner review and acceptance of Fitness for Service Assessment.
26. Indicate the name of the organization performing the Fitness for Service Assessment (this may be the same name as in line 22)
27. Signature of the responsible engineer performing the Fitness for Service Assessment.
28. Indicate the month, day, and year of the completion of the Fitness for Service Assessment by the Organization responsible.
29. Type or print the name of the Inspector.
30. Name of the Accredited Inspection Agency employing the Inspector.
31. Signature of the Inspector.
32. Indicate the month, day, and year of the review and acceptance by the Inspector of the Fitness for Service Assessment.
33. National Board commission number of Inspector, Jurisdiction, and Certificate of Competency Numbers.