

FORM NB-6 BOILER-FIRED PRESSURE VESSEL REPORT OF INSPECTION

Standard Form for Jurisdictions Operating Under the ASME Code

1	DATE INSPECTED MO DAY YEAR	CERT EXP DATE MO YEAR	CERTIFICATE POSTED <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNER NO.	JURISDICTION NUMBER	<input type="checkbox"/> NAT'L BD NO. <input type="checkbox"/> OTHER NO.
2	OWNER			NATURE OF BUSINESS	KIND OF INSPECTION <input type="checkbox"/> INT <input type="checkbox"/> EXT	CERTIFICATE INSPECTION <input type="checkbox"/> YES <input type="checkbox"/> NO
	OWNER'S 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			OWNER'S CITY	STATE	ZIP
4	CERTIFICATE COMPANY NAME			CERTIFICATE COMPANY CONTACT NAME	EMAIL	
	CERTIFICATE COMPANY ADDRESS			CERTIFICATE COMPANY CITY	STATE	ZIP
5	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> OTHER _____			YEAR BUILT	MANUFACTURER	
6	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	METHOD OF FIRING	PRESSURE GAGE TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
7	PRESSURE ALLOWED MAWP _____ THIS INSPECTION _____ PREV. INSPECTION _____			SAFETY-RELIEF VALVES SET AT _____ TOTAL CAPACITY _____		HEATING SURFACE OR BTU (INPUT/OUTPUT)
8	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN FULLY UNDER CONDITIONS)				HYDRO TEST <input type="checkbox"/> YES _____ PSI DATE _____ <input type="checkbox"/> NO	
9	<p>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, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
10	REQUIREMENTS: (LIST CODE VIOLATIONS)					

11	NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:					
	I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION			IDENT NO.	EMPLOYED BY	IDENT NO.
	SIGNATURE OF INSPECTOR					