

FORM NB-7 PRESSURE VESSELS 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			OWNER'S CITY		STATE	ZIP
3	USER'S NAME - OBJECT LOCATION			SPECIFIC LOCATION IN PLANT		OBJECT LOCATION - COUNTY	
	USER'S STREET ADDRESS			USER'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"/> AIR TANK <input type="checkbox"/> WATER TANK <input type="checkbox"/> OTHER _____		YEAR BUILT	MANUFACTURER			
6	USE <input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESS <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER _____		SIZE	PRESSURE GAGE TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO			
7	PRESSURE ALLOWED THIS INSPECTION _____ PREVIOUS INSPECTION _____		SAFETY RELIEF VALVES SET AT _____ TOTAL CAPACITY _____		EXPLAIN IF PRESSURE CHANGED		
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> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
10	<p>REQUIREMENTS: (LIST CODE VIOLATIONS)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>						
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						

