

Date Distributed: June 20, 2012



**THE
NATIONAL
BOARD**
OF BOILER AND
PRESSURE VESSEL
INSPECTORS

**SUBGROUP
ON INSPECTION
GENERAL**

AGENDA

*Meeting of July 18, 2012
Columbus, OH*

The National Board of Boiler & Pressure Vessel Inspectors
1055 Crupper Avenue
Columbus, Ohio 43229-1183
Phone: (614)888-8320
FAX: (614)847-1828

1. **Call to Order – 8:00 a.m.**
2. **Announcements**
3. **Adoption of the Agenda**
4. **Approval of Minutes of January 17, 2012**
5. **Review of the Roster (Attachment 1)**
6. **Action Items (Attachment 2)**

NB12-0604 Part 2, Forms NB-6 and NB- SG Inspection General - Change these forms to become current with Jurisdictional requirements. (Attachment 2, pp. 1-3)

January 2012

A Task Group of Don Cook, Ralph Pate, Mark Mooney and Robert Dobbins was assigned.

July 2012

Mr. Cook is expected to report.

NB12-1501 Part 2 SG Inspection General Review inspection requirements so as to align with installation requirements in Part 1. (No Attachment)

January 2012

A Task group of V. Newton, M. Horbaczewski, J. Daiber and J. Safarz was assigned.

July 2012

Mr. Newton is expected to report.

NB12-1901 All three parts SC on Inspection This action item was opened as a result of NB11-1501 to address the usage of the words "metal" and "material". The task group of Venus Newton (Chair), Brian Moore and Jim Pillow has been assigned to examine their respective parts. (No Attachment)

July 2012

Mr. Newton is expected to report.

7. **New Business**

8. **Future Meetings**

January 14-17, 2013 Mobile, Alabama
July 15-19, 2013 Columbus, Ohio

9. **Adjournment**

Respectfully Submitted,

Bill Smith
Secretary
:rh

SG on Inspection General

Member	Title	ExpirDate	Interest Category
Canonico, Dr. Domenic A.		8/31/2012	General Interest
Dobbins, Robert		2/28/2014	Auth Inpection Agencies
Getter, Jim	Chairman	8/31/2012	Manufacturer
Horbaczewski, Mark		2/20/2014	Users
McRae, Greg		2/20/2014	Manufacturer
Mooney, Mark		1/31/2013	Auth Inpection Agencies
Mullins, Virgil		7/31/2014	Manufacturer
Newton, Venus		1/31/2013	Auth Inpection Agencies
Parrish, Dave	Vice Chair	8/31/2012	Auth Inpection Agencies
Pate, Ralph		2/28/2014	Jurisdictional Authorities
Richardson, John		8/31/2012	Manufacturer
Safarz, Jason		7/21/2013	General Interest
Smith, Bill	Secretary		
Total Members		12	

ATTACHMENT 2

NB12-0604

Request for Code Change

NBIC Part 2, Forms NB-6 and NB-7

Statement of Need: These forms need to be changed to become current with a majority of Jurisdictional Requirements

Make the following changes to forms NB-6 and NB-7

Owner-Change to Object Location
Owner Street Address Change to Object Street Address
Owner City Change to Object Location City

User Name Change to Mail Invoice
User Street Address to Invoice Street Address
User City to Invoice Address City

New Block:
Certificate Address
Certificate City
Certificate State and Zip Code

5.3.5 BOILER-FIRED PRESSURE VESSELS REPORT OF INSPECTION FORM (NB-6)

A11

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	NAT'L BD NO. <input type="checkbox"/>	OTHER NO. <input type="checkbox"/>
2	OWNER <u>Object Location</u>			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 <u>Object Street Address</u> NUMBER			OWNER'S CITY <u>Object Location City</u>		ZIP	
3	USER'S NAME OBJECT LOCATION <u>Mail Invoice to:</u>			SPECIFIC LOCATION IN PLANT		OBJECT LOCATION - COUNTY	
	USER'S STREET ADDRESS <u>Invoice Street Address</u> NUMBER			OWNER'S CITY <u>Invoice Address</u> <u>City</u>		STATE	ZIP
4	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> Other _____			YEAR BUILT	MANUFACTURER		
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	METHOD OF FIRING	PRESSURE GAGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	PRESSURE ALLOWED MAWP _____ This Inspection _____ Prev. Inspection _____			SAFETY-RELIEF VALVES Set at _____ Total Capacity _____		HEATING SURFACE OR BTU (Input/Output)	
7	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)				PRESSURE TEST <input type="checkbox"/> Yes _____ psi Date _____ <input type="checkbox"/> 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, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.						
<u>Certificate Address:</u>							
<u>Certificate City:</u>				<u>Certificate State, Zip Code:</u>			
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.	

This form may be obtained from The National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Ave., Columbus, OH 43229

NB-6 Rev. 5

A11 5.3.6 PRESSURE VESSELS REPORT OF INSPECTION FORM (NB-7)

**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	NAT'L BD NO. <input type="checkbox"/> OTHER NO. <input type="checkbox"/>	
2	OWNER <u>Object Location</u>			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 <u>Object Street Address</u>			OWNER'S CITY <u>Object Location City</u>	ZIP		
3	USER'S NAME - OBJECT LOCATION <u>Mail Invoice to:</u>			SPECIFIC LOCATION IN PLANT	OBJECT LOCATION - COUNTY		
	USER'S STREET ADDRESS <u>Invoice Street Address</u>			USER'S CITY <u>Invoice City</u>	STATE	ZIP	
4	TYPE <input type="checkbox"/> AIR TANK <input type="checkbox"/> WATER TANK <input type="checkbox"/> OTHER			YEAR BUILT	MANUFACTURER		
5	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		
6	PRESSURE ALLOWED THIS INSPECTION _____ PREVIOUS INSPECTION _____		SAFETY RELIEF VALVES SET AT _____ TOTAL CAPACITY _____		EXPLAIN IF PRESSURE CHANGED		
7	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)				PRESSURE TEST <input type="checkbox"/> YES _____ PSI DATE _____ <input type="checkbox"/> NO		
8	<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>						
Certificate Address:							
Certificate City:				Certificate State, Zip Code:			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>							
9	REQUIREMENTS: (LIST CODE VIOLATIONS)						
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>							
10	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							

This form may be obtained from The National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Ave., Columbus, OH 43229

NB-7 Rev. 3

SECTION 5

5.3.5 BOILER-FIRED PRESSURE VESSELS REPORT OF INSPECTION FORM (NB-6)

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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	NAT'L BD NO. <input type="checkbox"/>	OTHER NO. <input type="checkbox"/>
2	OWNER <u>Object Location</u>			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 <u>Object Street Address</u> NUMBER			OWNER'S CITY <u>Object Location City</u>	STATE	ZIP	
3	USER'S NAME OBJECT LOCATION <u>Mail Invoice:</u>			SPECIFIC LOCATION IN PLANT		OBJECT LOCATION - COUNTY	
	USER'S STREET ADDRESS <u>Invoice Street Address</u> NUMBER			OWNER'S CITY <u>Invoice Address</u> City	STATE	ZIP	
4	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> Other _____			YEAR BUILT	MANUFACTURER		
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	METHOD OF FIRING	PRESSURE GAGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	PRESSURE ALLOWED MAWP _____ This Inspection _____ Prev. Inspection _____		SAFETY-RELIEF VALVES Set at _____ Total Capacity _____			HEATING SURFACE OR BTU (Input/Output)	
7	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)				PRESSURE TEST <input type="checkbox"/> Yes _____ psi Date _____ <input type="checkbox"/> No		
Certificate Address:							
Certificate City:				Certificate State, Zip:			
8	<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>						
9	<p>REQUIREMENTS: (List Code Violations)</p> <p>_____</p> <p>_____</p> <p>_____</p>						
10	<p>NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:</p> <p>_____</p> <p>_____</p> <p>_____</p>						

I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

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NB-6 Rev. 5

SECTION 5

