



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

**NATIONAL BOARD
INSPECTION CODE
SUBGROUP ON INSPECTION- GENERAL**

MINUTES

*Meeting of July 17, 2012
Columbus, Ohio*

*These minutes are subject to approval and are for committee use only.
They are not to be duplicated or quoted for other than committee use.*

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

**MINUTES OF SUBGROUP ON INSPECTION-GENERAL
JULY 17, 2012 COLUMBUS, OHIO**

1. Call to Order

The Chairman, Jim Getter called the meeting to order at 8:00 AM on July 17, 2012.

2. Announcements

- a) The National Board would host an outing to the Clippers Baseball game on July 18, 2012. Bus transportation from the Crowne Plaza was provided from 5:30PM –? PM.
- b) The National Board would host a continental breakfast on July 19, 2012 from 7 – 8:00 AM
- c) The National Board would provide a daily luncheon from 12 - 1:00 PM.

3. Adoption of the Agenda

There was a motion to adopt the Agenda. The motion was unanimously adopted.

4. Approval of the Minutes of January 2012

There was a motion to approve the minutes of the January 2012 meeting. The motion was unanimously approved.

5. Review of the Roster

The attendees, members, alternates and guests are identified on **Attachment 1**. With the attached attendance listing, a quorum was established. Mr. McRae, Mr. Pate and Mr. Safarz were excused.

6. Interpretations

There were no interpretations assigned to the subgroup.

7. Action Items

NB12-0604 Part 2 SG Inspection General Forms NB-6 and NB-7 - Change these forms to become current with Jurisdictional requirements. A Task Group of on Don Cook, Ralph Pate, Mark Mooney and Robert Dobbins was assigned. A report was given by Mr. Cook. There was a motion to accept the revised forms and close the action item. The motion was unanimously approved. (Attachment 2).

NB12-1501 Part 2 SG Inspection General Review inspection requirements so as to align with installation requirements in Part 1. A Task group of V. Newton, M. Horbaczewski, J. Daiber and J. Safarz was assigned. A report was given by Mr. Newton. Part 1 and Part 2 are being reviewed.

NB12-1901 All three parts SG Inspection General This action item was opened as a result of NB11-1501 to address the usage of the words "metal and "material". A Task Group of Venus Newton(Chair), Brian Moore and Jim Pillow were assigned to examine their respective parts. A report was given by Mr. Newton. There does not appear to be any effect on Part 2.

8. New Business

9. Future Meetings

January 2013 Mobile, AL
July 2013 Columbus, Ohio

10. Adjournment

The meeting was adjourned at 10:00 AM on July 17, 2012.

Respectfully Submitted,

Bill Smith
Secretary, Subgroup on Inspections, General

Attachment 1- Attendance Roster
Attachment 2- NB12-0604

Attendance List Inspection - General Subgroup

Meeting Date: July 17, 2012

Bill Smith National Board 1055 Crupper Ave. Columbus, OH 43229 P: 614-888-8320 F: 614-847-1828 E: bsmith@nationalboard.org	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>ws</i> Initial	Domenic A. Canonico Canonico & Assoc. 1423 Brow Road Signal Mountain, TN 37377 Ph: 423-886-1008 Fax: E-mail: canonicod@epbfi.com	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>DAC</i> Initial
John Richardson <i>GE Energy</i> Consultant - Dresser, Inc. 980 Richardson Road Colfax, LA 71417 Ph: 318-627-5504 Fax: 318-627-2969 E-mail: jwrichar@aol.com	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>JWR</i> Initial	Jim Getter Worthington Cylinders 200 Old Wilson Bridge Road Columbus, OH 43085 P: 614-840-3087 F: 614-438-3083 E-mail: jmgetter@worthingtonindustries.com	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>JmG</i> Initial
Robert Dobbins Zurich N.A. 565 Reinhardt Road Lincolnton, NC 20892 P: 704-748-1641 F: 704-748-6778 E-mail: Robert.dobbins@zurichna.com	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>RWD</i> Initial	David Parrish FM Global 1151 Bos-Prov Turnpike PO Box 9102 Norwood, MA 02062-9102 P: 781-255-4734 F: 781-762-9375 E: david.parrish@fmglobal.com	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>DP</i> Initial
Mark Horbaczewski Midwest Generation 1111 W Cermak Chicago, Illinois 60628 P: 773-447-5667 F: E-mail: MHorbaczewski@MWGen.com	Attended: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>MH</i> Initial	Greg McRae Director of Engineering Trinity Industries, Inc. 2525 Stemmons Freeway Dallas, TX 75207 Ph: 214-589-8559 Fax: 214-589-8553 E-mail: greg.mcrae@trin.net	Attended: Yes <input type="checkbox"/> No <input type="checkbox"/> Initial

Attendance List Inspection - General Subgroup

Meeting Date: July 17, 2012

<p>Jason Safarz Senior Account Engineer CEC Combustion Services Group 1699 Brookpark Road Cleveland, OH 44130</p> <p>Ph: 216-749-2992 Fax: 216-398-8403</p> <p>Email: jsafarz@cumbustionsafety.com</p>	<p>Attended:</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>_____</p> <p>Initial</p>	<p>Mark Mooney Liberty Mutual Insurance Engineering Manager-Eastern Region 20 Riverside Road MS:03BN Weston, MA</p> <p>Ph: 781-697-7218 Fax: 781-642-6512</p> <p>E-mail: Mark.Mooney@Libertymutual.com</p>	<p>Attended:</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><i>MM</i></p> <p>Initial</p>
<p>Venus Newton Manager of Jurisdictional Inspection Services OneCIS Insurance Company 3380 Chastain Meadows Pkwy. Suite 300 Kennesaw, GA 30144</p> <p>P: 770-590-6726 C: 678-457-1310 F: 770-499-7511</p> <p>E-mail: venus.newton@us.bureauveritas.com</p>	<p>Attended:</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><i>VN</i></p> <p>Initial</p>	<p>Ralph Pate State of Alabama 100 North Union Street Montgomery, AL</p> <p>P: 334-242-3066 F: 334-240-3417</p> <p>E-mail: ralph.pate@labor.alabama.gov</p>	<p>Attended:</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>_____</p> <p>Initial</p>
<p>Virgil Mullins Quality Steel 2914 Hwy 61 Cleveland, MS 38732</p> <p>Ph: 662-843-4046 Fax: 662-843-4048 Mull@propanetank.com C: 662-719-2397</p>	<p>Attended:</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p><i>VM</i></p> <p>Initial</p>	<p>Name: <i>JAMES RILEY</i></p> <p>Company: <i>Phillips 66</i></p> <p>Address: <i>1380 San Pablo Ave</i></p> <p>City/State/Zip: <i>Alameda Redwood, CA</i></p> <p>Ph: <i>510-245-5895</i> Ext.</p> <p>Fax:</p> <p>E-mail:</p>	
<p>Name: <i>ADAM RENALDO</i></p> <p>Company: <i>PRAXAIR, INC</i></p> <p>Address: <i>175 EAST PARK DR.</i></p> <p>City/State/Zip: <i>TONAWANDA, NY 14150</i></p> <p>Ph: <i>716-879-2928</i> Ext.</p> <p>Fax:</p> <p>E-mail: <i>ADAM_RENALDO@PRAXAIR.COM</i></p>	<p>Name: <i>Tim BARKER</i></p> <p>Company: <i>FMGLOBAL</i></p> <p>Address:</p> <p>City/State/Zip:</p> <p>Ph: <i>360 801 3790</i> Ext.</p> <p>Fax:</p> <p>E-mail:</p>		

Attendance List Inspection - General Subgroup

Meeting Date: July 17, 2012

H:\ROBIN-Active Documents\NBIC Secretarial Documents\Committees\Rosters\July 2012\Roster SG Inspection General 0712.doc

D Cook
Attend YES ✓
MC

Robert Reetz
Attend YES ✓
OA

5.3.4 BOILER OR PRESSURE VESSEL DATA REPORT FORM (NB-5)

FORM NB-5 BOILER OR PRESSURE VESSEL DATA REPORT
FIRST INTERNAL 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	NATL. BD NO. <input type="checkbox"/>	OTHER NO. <input type="checkbox"/>
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			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"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> AIR TANK <input type="checkbox"/> WATER TANK	YEAR BUILT	MANUFACTURER	YEAR INST		<input type="checkbox"/> New <input type="checkbox"/> Second Hand	
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"/> Storage <input type="checkbox"/> Heat Exchange <input type="checkbox"/> Other	FUEL (BOILER)	METHOD OF FIRING (BOILER)	PRESSURE GAGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No			
7	PRESSURE This Inspection _____ Prev. Inspection _____	SAFETY-RELIEF VALVES Set at _____	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 on back of form - listing code violation)			PRESSURE TEST <input type="checkbox"/> Yes <input type="checkbox"/> No			
9	SHELL No. _____	DIAMETER <input type="checkbox"/> ID in. _____	OVERALL LENGTH ft. _____ in. _____	THICKNESS in. _____	TOTAL HTG SURFACE (BOILER) Sq Ft _____	MATERIAL ASME Spec. Nos. _____	
10	ALLOWABLE STRESS psi _____	BUTT STRAP This _____ in. <input type="checkbox"/> Double	HEADERS - WT BOILERS Thickness _____ in.	TYPE <input type="checkbox"/> Box <input type="checkbox"/> Sinuous <input type="checkbox"/> Wt Wall <input type="checkbox"/> Other			
11	TYPE LONGITUDINAL SEAM <input type="checkbox"/> Lap <input type="checkbox"/> Butt <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Riveted		RIVETED Dia Hole _____ in.	PITCH in. X _____ in. X _____ in.	SEAM EFF %		
12	HEAD THICKNESS in. _____	HEAD TYPE <input type="checkbox"/> Plus <input type="checkbox"/> Minus <input type="checkbox"/> Flat <input type="checkbox"/> Chuck Opening	RADIUS DISH in. _____	ELLIP RATIO	BOLTING No. _____ Dia. _____ in. Material _____		
13	TUBE SHEET THICKNESS in. _____	TUBES No. _____ Dia. _____ in. Length _____ ft. _____ in.	PITCH (WT BLRS) in. X _____ in.	LIGAMENT EFF %			
14	FIRE TUBE BOILERS	DISTANCE UPPER TUBES TO SHELL Front _____ in. Rear _____ in.	STAYED AREA FRONT HEAD	Above Tubes _____ Below Tubes _____		REAR HEAD Above Tubes _____ Below Tubes _____	
	STAYS ABOVE TUBES Front No. _____ Rear No. _____	TYPE <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Welded <input type="checkbox"/> Weldless	AREA OF STAYS Front _____ Rear _____				
15	FURNACE - TYPE Adanson (No. Sect. _____) <input type="checkbox"/> Corrugated <input type="checkbox"/> Plain <input type="checkbox"/> Other		THICKNESS in. _____	TOTAL LENGTH ft. _____ in. _____	TYPE LONG. SEAM <input type="checkbox"/> Welded <input type="checkbox"/> Riveted <input type="checkbox"/> Seamless		
16	STAY BOLTS - TYPE Threaded _____ Welded _____ Hollow _____ Drilled (Size Hole _____ in.)		DIAMETER in. _____	PITCH in. X _____ in.	NET AREA sq. in. _____		
17	SAFETY-RELIEF VALVES No. _____ Size _____	TOTAL CAPACITY lb/Hr _____ Gpm _____	OUTLETS No. _____ Size _____	PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)			
18	STOP VALVES <input type="checkbox"/> Yes <input type="checkbox"/> No	ON STEAM LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	ON RETURN LINES <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER CONNECTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	STEAM LINES PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)		
19	FEED PIPE Size _____ in.	FEED APPLIANCES No. _____	TYPE DRIVE <input type="checkbox"/> Steam <input type="checkbox"/> Motor	CHECK VALVES <input type="checkbox"/> Yes <input type="checkbox"/> No	FEED LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	
20	WATER GAGE GLASS No. _____	TRY COCKS No. _____	BLOWOFF PIPE Size _____ in. Location _____	INSPECTION OPENINGS COMPLY WITH CODE <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)			
21	CAST-IRON BOILERS Length _____ in. Width _____ in. Height _____ in.		SECTIONS No. _____	DOES WELDING ON STEAM, FEED BLOWOFF AND OTHER PIPING COMPLY WITH CODE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)			
22	SHOW ALL CODE STAMPING ON BACK OF FORM. Give details (use sketch) for special objects NOT covered above - such as Double wall vessels etc.			DOES ALL MATERIAL OTHER THAN AS INDICATED ABOVE COMPLY WITH CODE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)			
23	NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:						
24	I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION Signature of Inspector _____			IDENT NO.	EMPLOYED BY	IDENT NO.	

Complete When Not Registered National Board

NB12-0604

**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"/>
	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	
2	OWNER'S STREET ADDRESS NUMBER			OWNER'S CITY	STATE	ZIP	
	USER'S NAME - OBJECT LOCATION			SPECIFIC LOCATION IN PLANT	OBJECT LOCATION - COUNTY		
3	USER'S STREET ADDRESS NUMBER			OWNER'S CITY	STATE	ZIP	
	CERTIFICATE COMPANY NAME			CERTIFICATE COMPANY CONTACT NAME		EMAIL	
4	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			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 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.						
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							
SIGNATURE OF INSPECTOR			IDENT NO.	EMPLOYED BY	IDENT NO.		

NB12-0604

**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			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 lubes, 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, brinings, 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	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							