

**FORM NB-403 REPORT OF FITNESS FOR  
SERVICE ASSESSMENT**  
in accordance with provisions of the *National Board Inspection Code*

F.F.S ASSESMENT 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. IN SERVICE MONITORING METHODS AND INTERVALS: \_\_\_\_\_  
 (Methods, Months/Years)

11. OPERATING LIMITATIONS (IF APPLICABLE): \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**

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

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

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

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

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

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