

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	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 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	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> AIR TANK <input type="checkbox"/> WATER TANK Other _____			YEAR BUILT	MANUFACTURER		YEAR INST <input type="checkbox"/> New <input type="checkbox"/> Second Hand	
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"/> 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
6	PRESSURE This Inspection _____ Prev. Inspection _____			SAFETY-RELIEF VALVES Set at _____		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 on back of form - listing code violation)					PRESSURE TEST <input type="checkbox"/> Yes _____ psi Date _____ <input type="checkbox"/> No		
8	SHELL No. _____	DIAMETER <input type="checkbox"/> ID <input type="checkbox"/> OD in. _____	OVERALL LENGTH ft. _____ in. _____	THICKNESS in. _____	TOTAL HTG SURFACE (BOILER) Sq Ft _____		MATERIAL ASME Spec. Nos _____	
9	ALLOWABLE STRESS psi _____	BUTT STRAP Thks _____ in. _____	<input type="checkbox"/> Single <input type="checkbox"/> Double	HEADERS - WT BOILERS Thickness _____ in. _____		TYPE <input type="checkbox"/> Box <input type="checkbox"/> Sinuous <input type="checkbox"/> Wtr Wall <input type="checkbox"/> Other _____		
10	TYPE LONGITUDINAL SEAM <input type="checkbox"/> Lap <input type="checkbox"/> Butt <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Riveted			RIVITED Dia Hole _____ in. _____		PITCH in. X _____ in. X _____ in. _____		SEAM EFF %
11	HEAD THICKNESS in. _____	HEAD TYPE <input type="checkbox"/> Plus <input type="checkbox"/> Minus <input type="checkbox"/> Flat <input type="checkbox"/> Quick Opening		<input type="checkbox"/> Fixed <input type="checkbox"/> Movable	RADIUS DISH in. _____	ELLIP RATIO	BOLTING No. _____ Dia. _____ in. Material _____	
12	TUBE SHEET THICKNESS in. _____	TUBES No. _____ Dia. _____ in. Length _____ ft. _____ in. _____			PITCH (WT BLRS) in. X _____ in. _____		LIGAMENT EFF %	
13	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 _____		
	STAYS BELOW 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 _____		
14	FURNACE - TYPE Adamson (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		
15	STAY BOLTS - TYPE Threaded _____ Welded _____ Hollow _____ Drilled (Size Hole _____ in.)			DIAMETER in. _____	PITCH in. X _____ in. _____	NET AREA sq. in. _____		
16	SAFETY-RELIEF VALVES No. _____ Size _____		TOTAL CAPACITY _____ Cfm _____ Lb/Hr _____ Btu/Hr		OUTLETS No. _____ Size _____		PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)	
17	STOP VALVES	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)		
18	FEED PIPE Size _____ in.	FEED APPLIANCES No. _____		TYPE DRIVE <input type="checkbox"/> Steam <input type="checkbox"/> Motor		CHECK VALVES	FEED LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN LINE <input type="checkbox"/> Yes <input type="checkbox"/> No
19	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)			
20	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)		
21	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)			
22	NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:							
23	I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION Signature of Inspector _____			IDENT NO. _____		EMPLOYED BY _____		IDENT NO. _____

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