FORM NB-6 BOILER-FIRED PRESSURE VESSEL
REPORT OF INSPECTION
Standard Form for Jurisdictions Operating Under the ASME Code

1. DATE INSPECTED: ___________________ CERTIFICATE EXPIRATION DATE: ___________________
   (Month/Day/Year) (Month/Day/Year)
   USER NUMBER: ___________________ NAT’L BD NUMBER □ OR SERIAL # (IF CAST IRON) □ ________________
   FIRST INSPECTION: YES □ NO □ JURISDICTION NUMBER: ___________________ 
   NATIONAL BOARD NUMBER: ___________________ OTHER NUMBER: ___________________

2. EQUIPMENT LOCATION NAME: ___________________
   EQUIPMENT LOCATION ADDRESS: ___________________
   (Equipment Location Street) (Equipment Location City)
   (Equipment Location State) (Equipment Location Zip Code)
   NATURE OF BUSINESS: ___________________

   KIND OF INSPECTION: □ INTERNAL □ EXTERNAL CERTIFICATE RENEWAL: □ YES □ NO

3. CERTIFICATE BUSINESS NAME: ___________________
   CERTIFICATE CONTACT: ___________________
   (NAME) (Email)
   CERTIFICATE MAILING ADDRESS: ___________________
   (Certificate Mailing Street) (Certificate Mailing City)
   (Certificate Mailing State) (Certificate Mailing Zip Code)

4. INVOICE BUSINESS: ___________________
   CERTIFICATE INVOICE CONTACT: ___________________
   (Name) (Email)
   INVOICE ADDRESS: ___________________
   (Invoice Address Street) (Invoice Address City)
   (Invoice Address State) (Certificate Mailing Zip Code)

5. TYPE: □ FT □ WT □ CI □ OTHER: ___________________ ASME/OTHER CODE: ___________________
   MANUFACTURER: ___________________ YEAR BUILT: ________________
   MANHOLE □ HANDHOLE □ NEITHER □ CERTIFICATE DURATION (MONTHS): ________________

6. USE: □ POWER □ PROCESS □ STEAM HEATING □ HWH □ HWS □ OTHER
   FUEL TYPE: ___________________ METHOD OF FIRING: ___________________
   LOCATION IN PLANT: ___________________
7. LOW WATER CUTOFF INSTALLED: YES ☐  NO ☐  TESTED: YES ☐  NO ☐
   HIGH LIMIT TEMP/PRESSURE INSTALLED: YES ☐  NO ☐  WAS BOILER FIRED: YES ☐  NO ☐
   COMBUSTION CONTROLS: CSD-1 ☐  NFPA ☐  OTHER ☐  ________________________________
   COMBUSTION AIR VERIFIED: YES ☐  NO ☐

8. ARE THERE ANY KNOWN OUTSTANDING (OPEN) VIOLATIONS FOR THIS EQUIPMENT? YES ☐  NO (IF YES, EXPLAIN FULLY UNDER ADVERSE CONDITIONS FOUND)
   LOG/RECORD REVIEW: YES ☐  NO ☐
   PRESSURE TEST: YES ☐  NO ☐  PSI: __________  DATE: __________  NO ☐

9. STAMPED MAWP: ________________  MINIMUM PRD REQUIRED CAPACITY: ________________
   NUMBER OF PRD’S: ________________  TOTAL CAPACITY: ________________
   SET PRESSURE: ________________  CAPACITY: ________________
   SET PRESSURE: ________________  CAPACITY: ________________
   SET PRESSURE: ________________  CAPACITY: ________________

10. INSPECTORS COMMENTS: (Verify any repairs were completed by a qualified repair company, and when applicable, the proper repair/alterations forms are completed.)
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

11. ADVERSE CONDITIONS FOUND:
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

12. REQUIREMENTS:
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

13. PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:
    (Name) __________________________   (Title) __________________________
    (Email) __________________________   (Phone Number) __________________________

14. I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION:
    NB COMMISSION NUMBER: __________________________  EMPLOYED BY: __________________________
    IDENTIFICATION NUMBER: __________________________  SIGNATURE OF INSPECTOR: __________________________