

## 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: \_\_\_\_\_ CERTIFICATE POSTED:  YES  NO  
(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: \_\_\_\_\_  
(Name)
- 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 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: \_\_\_\_\_