

**FORM NB-7 PRESSURE VESSELS
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) m/d/yyyy (Month/Day/Year) m/d/yyyy
- USER NUMBER: _____ JURISDICTION NUMBER: _____
NATIONAL BOARD NUMBER: OR SERIAL NUMBER: (IF CAST IRON) _____
FIRST INSPECTION: YES NO
2. EQUIPMENT LOCATION NAME: _____
NATURE OF BUSINESS: _____
KIND OF INSPECTION: INTERNAL EXTERNAL CERTIFICATE RENEWAL: YES NO
3. EQUIPMENT LOCATION ADDRESS: _____
(Equipment Location Street) (Equipment Location City)

(Equipment Location State) (Equipment Location Zip Code)
4. CERTIFICATE BUSINESS NAME: _____
CERTIFICATE CONTACT: _____
(NAME) (Email)
5. CERTIFICATE MAILING ADDRESS: _____
(Certificate Mailing Street) (Certificate Mailing City)

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

(Invoice Address State) (Certificate Mailing Zip Code)
8. TYPE: AIRTANK WATER TANK OTHER: _____ ASME/OTHER CODE: _____
MANUFACTURER: _____ YEAR BUILT: _____
MANHOLE HANDHOLE NEITHER CERTIFICATE DURATION (MONTHS): _____
9. USE: STORAGE PROCESS HEAT EXCHANGE OTHER: _____
HORIZONTAL VERTICAL LENGTH: _____ DIAMETER: _____

10. STAMPED MAWP: _____ MINIMUM PRD REQUIRED CAPACITY:

NUMBER OF PRD'S: _____ TOTAL CAPACITY: _____

SET PRESSURE: _____ CAPACITY: _____

SET PRESSURE: _____ CAPACITY: _____

SET PRESSURE: _____ CAPACITY: _____

OVERPRESSURE PROTECTION BY SYSTEM DESIGN: SIZE (ft³ or Gallons):

11. ARE THERE ANY KNOWN OUTSTANDING (OPEN) VIOLATIONS FOR THIS EQUIPMENT? YES NO (IF YES, EXPLAIN FULLY UNDER
ADVERSE CONDITIONS FOUND)

PRESSURE TEST: YES PSI _____ Date _____ NO
(m/d/yyyy)

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

13. ADVERSE CONDITIONS FOUND:

14. REQUIREMENTS:

15. PERSON TO WHOM REQUIREMENTS WERE EXPLAINED: _____ (Name) _____ (Title)

(Email)

(Phone Number)

16. I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION:

NB COMMISSION NUMBER: _____ EMPLOYED BY: _____

IDENTIFICATION NUMBER: _____ SIGNATURE OF INSPECTOR: _____

PRESSURE VESSEL — REPORT OF INSPECTION — (EXTENSION SHEET)

DATE INSPECTED (m/d/yyyy)		OWNER-USER						LOCATION			
OWNER'S NO.	JURISDICTION NO.	NB ASME OR STD. NO.	INT	EXT	*CERT – NO. OF YEARS	TYPE OF OBJECT	YEAR BUILT	MADE BY	ALLOW. PRESS.	TEMP. OF	R.V.S.V. SETTING

* In this column show the number of years for which the inspector authorizes the issuance of the certificate.