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| --- | --- | --- | --- | --- | --- | --- |
| 1 | DATE INSPECTED\* | CUR CERT EXP DATE\* | JURISDICTION #\* | NB #\* | OWNER # | SERIAL # |
| 2 | PHYSICAL LOCATION NAME\* | PHYSICAL ADDRESS\* | CITY\* | STATE\* | ZIP \* |
| OWNER | OWNER ADDRESS | CITY  | STATE | ZIP  |
| MAIL INVOICE TO | INVOICE ADDRESS | CITY | STATE | ZIP |
| MAIL CERT TO | CERTIFICATE ADDRESS | CITY | STATE | ZIP |
| 3 | SPECIFIC LOCATION IN PLANT\* | USE\*  | TYPE\* |
| 4 | MANUFACTURER\* | MODEL #\* | YEAR BUILT\* | YEAR INSTALLED\* | INSTALLED NEW\* Yes No  | VAR or EXEMPT?\* Yes No | ASME CODE STAMP \* |
| 5 | FUEL (if Boiler)\* / FLUID (if PV)\* | FUEL TRAIN (if Boiler)\* If OTHER, explain fully CSD-1 Other | FIRING METHOD (if Boiler)\* If OTHER, explain fully  Auto Unfired Manual Other |
| 6 |  MAWP STAMPED (PSIG )\* | MAWP CALCULATED (PSIG) | PRD CAP REQD\*(include units) | STATUS\*See quick Reference Guide | INSPECTION TYPE\* CERT NONCERT ACCIDENT  INT EXT COS |
| 7 | CERT POSTED\* Yes No  | MAWP ALLOWED (PSIG)\* | PRD(S) SET AT (PSIG)\* | TOTAL PRD CAP INSTALLED\* (include units) | PRESSURE GAUGE TESTED\* Yes No  |
| 8 | IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?\* Yes No If NO, explain fully under CONDITIONS | HYDRO TEST PERFORMED Yes No PSIG DATE  |
| 9 | COMMENTS, EXPLANATIONS AND COMPLETE NAMEPLATE INFORMATION: |
| 10 | CONDITIONSIncludeViolations: | Describe new installation documentation; repairs and alterations quality and documentation “R” Form since last inspection; each non-conformity (violation) to Law, Regulations or Codes; deposits such as oil, scale, etc.; defects such as corrosion, erosion, grooving, bulging, cracking, etc.; condition of setting, linings, baffles, supports, tubes, tube ends, coils, nipples, rivets, stays (bowed, loose, broken) etc.; condition of water level, pressure, and temperature indicators and controllers, pressure relief devices, fuel train, blowdown, piping, etc.; Attach a map of the object if helpful. |
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| 11 | REQUIREMENTS TO RESOLVE EACH VIOLATION: |
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|  |  |
| 12 | STATIONARY ENG NAME | STATIONARY ENG GRADE OF LICENSE | LICENSE # |
| THE INSPECTOR EXPLAINED HIS FINDINGS TO ME\* | SIGNATURE | PRINTED NAME |
| EMPLOYED BY | TITLE | LOCATION PHONE | OTHER CONTACT INFO |
|  |
| I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION\* | INSPECTOR SIGNATURE | INSPECTOR NAME PRINTED |
| INSPECTOR EMPLOYED BY | MD COMMISSION # | NB COMMISSION # |
| COPY FOR INSPECTOR | COPY FOR OWNER OR USER | COPY FOR CONTRACTOR OR INSTALLER |