



Ohio Department of Commerce

Division of Industrial Compliance
 Bureau of Operations and Maintenance, Boilers
 6606 Tussing Road • P.O. Box 4009
 Reynoldsburg, OH 43068-9009
 (614) 644-2236 FAX (614) 644-2428
 www.com.state.oh.us

John R. Kasich
 Governor

Jacqueline T. Williams
 Director

BOILER –FIRED PRESSURE VESSEL REPORT OF INSPECTION

Standard Form for Jurisdictions Operating Under The ASME Code—Please Print

ADDRESS CHANGE: YES

1	DATE INSPECTED MO DAY YR	CERT EXP DATE MO YR	CERT. POSTED YES NO	OWNER NO	JURISDICTION NUMBER	NAT'L BD NO ___ SERIAL NO ___	
2	OWNER			NATURE OF BUSINESS		KIND OF INSPECT INT EXT	CERT. INSP YES NO
3	OWNER ADDRESS			OWNER'S CITY		STATE	ZIP
4	USER NAME/ OBJECT LOCATION			LOCATION IN PLANT			COUNTY
5	USER ADDRESS			USER CITY		STATE	ZIP
6	TYPE FT WT CI OTHER		YEAR BUILT	MANUFACTURER			
7	USE POWER PROCESS STEAM HTG HWH HWS OTHER			FUEL	METHOD OF FIRING	PRESS GAGE TEST YES NO	
8	PRESSURE ALLOWED THIS INSP PREV INSP		SAFETY RELIEF VALVE SET AT	TOTAL CAPACITY OF SAFETY RELIEF VALVES BTU/HR OR LBS/HR			
9	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED YES NO (IF NO EXPLAIN FULLY UNDER CONDITIONS)					HYDRO TEST YES PSI DATE NO	

10 CONDITIONS

With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cock, safety valves, etc. Report condition of settings, linings baffles, supports, etc. Describe any major changes or repairs made since last inspection.

12 REQUIREMENTS (LIST CODE VIOLATIONS)

INSPECTOR NAME (PRINT)	NAME OF COMPANY REPRESENTATIVE	PHONE
INSPECTOR SIGNATURE	ID NUMBER	EMPLOYED BY ID NUMBER