

# FORM NB-7 PRESSURE VESSELS REPORT OF INSPECTION

Standard Form for Jurisdictions Operating Under the ASME Code

|           |   |                                       |  |                            |   |                                      |  |
|-----------|---|---------------------------------------|--|----------------------------|---|--------------------------------------|--|
| <b>1</b>  | DATE INSPECTED  | CERT. EXP. DATE                       | CERTIFICATE POSTED<br><input type="checkbox"/> Yes <input type="checkbox"/> No | OWNER NO.                  | JURIS. NUMBER   | NATL BD NO. <input type="checkbox"/> | OTHER NO. <input type="checkbox"/>   |
| <b>2</b>  | OWNER   |                                       |  | NATURE OF BUSINESS         | KIND OF INSPECTION<br><input type="checkbox"/> Int. <input type="checkbox"/> Ext.         |                                      | CERT. INSPECTION<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|           | OWNERS STREET ADDRESS (NUMBER)  |                                       |  | OWNERS CITY                | STATE   | ZIP                                  |  |
| <b>3</b>  | USERS NAME - OBJECT LOCATION  |                                       |  | SPECIFIC LOCATION IN PLANT |   | OBJECT LOCATION - COUNTY             |  |
|           | USERS STREET ADDRESS (NUMBER)   |                                       |  | USERS CITY                 | STATE   | ZIP                                  |  |
| <b>4</b>  | TYPE<br><input type="checkbox"/> AIR TANK <input type="checkbox"/> WATER TANK <input type="checkbox"/> OTHER  |                                       |  | YEAR BUILT                 | MANUFACTURER  |                                      |  |
| <b>5</b>  | USE<br><input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESS <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER (describe above)   |                                       |  | SIZE                       | PRESSURE GAGE TESTED<br><input type="checkbox"/> Yes <input type="checkbox"/> No          |                                      |  |
| <b>6</b>  | PRESSURE ALLOWED  |                                       | SAFETY-RELIEF VALVES   |                            |   | EXPLAIN IF PRESSURE CHANGED          |  |
|           | THIS INSPECTION   | PREVIOUS INSPECTION                   | SET AT   | TOTAL CAPACITY             |   |                                      |  |
| <b>7</b>  | IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN FULLY UNDER CONDITIONS  |                                       |  |                            | HYDRO TEST<br><input type="checkbox"/> Yes      psi      Date <input type="checkbox"/> No |                                      |  |
| <b>8</b>  | <p>CONDITIONS:</p> <p>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 any 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 cocks, safety valves, etc. Report condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.</p> |                                       |  |                            |   |                                      |  |
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|           |   |                                       |  |                            |   |                                      |  |
|           | <b>9</b>  | REQUIREMENTS : (LIST CODE VIOLATIONS) |  |                            |   |                                      |  |
|           |   |                                       |  |                            |   |                                      |  |
|           |   |                                       |  |                            |   |                                      |  |
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|           |   |                                       |  |                            |   |                                      |  |
| <b>10</b> | NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED  |                                       |  |                            |   |                                      |  |
|           | <p>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION</p> <p>_____</p> <p>SIGNATURE OF INSPECTOR      IDENT NO.      EMPLOYED BY      IDENT NO.</p>  |                                       |  |                            |   |                                      |  |

