

**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 (ft<sup>3</sup> 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: \_\_\_\_\_

