BOILER INSPECTION REPORT

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
BOILER INSPECTION PROGRAM
SFN 10706 (10-2021)

4201 Normandy Street
Bismarck, ND 58503-1324
Telephone (701) 328-5150
Fax (701) 328-5200
Email: ndboilerinsp@nd.gov
https://deq.nd.gov/Director/BIP/

Date Inspected:	Previous Inspection:	Pressure Type:	Certificate Posted: ☐ Yes ☐ No	Owner's ID:	Insurance Locator Code:
State Number: ND	National Board Number: NB	Other Number:	Kind of Inspection: ☐ Int ☐ Ext ☐ Hyd		
Owner Name:	Users Name: (Object Location)	User Category:	Certificate Inspection: ☐ Yes ☐ No		
		Spec Loc in Plant:	Certificate To: ☐ Owner ☐ User		
		Boiler Status: ☐ Scrapped ☐ Active ☐ Inactive ☐ Temp. Inactive	Invoice To: ☐ Owner ☐ User		
Contact:	County:	Manufacturer:	With Manhole:		
Use:	Vessel Type:	Year Built:	Fuel Type:	Firing Method:	
Pressure Gauge: Tested: ☐ Yes ☐ No	Low Water Cut Off: Brand: Tested: ☐ Yes ☐ No	Hydro Test: ☐ Yes ☐ No PSI: Date:	Inservice: ☐ Yes ☐ No PSI:		
Pressure Allowed: This Insection: Previous Inspection:	Safety Relief Valves: Set at: Tested: ☐ Yes ☐ No	Min. S.V. Relieving Capacity Required:			
Boiler's Heating Surface or Kilowatt Hour:	Minimum required safety valve relieving capacity based on:	Total Capacity of S.V. Installed:			
MAWP:	MAWT:	Operating Control:	High Limit:		
Is condition of object such that a cert may be issued? ☐ Yes ☐ No (if NO explain fully under CONDITIONS)	Certificate Expiration Date:	Reinspect Date:	Previous Code Violations:		

CONDITIONS: With respect to the internal and external surface, describe any adverse conditions and/or code violations and their locations.

REQUIREMENTS: (List Code Violations by Number Code)

INSPECTION COVERED WITH: **I hereby certify this is a true report of my inspection.**

Name:	Signature:	Identification Number:
Telephone Number:	Employed By:	NB Comm. Number: