



BOILER INSPECTION REPORT

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
BOILER INSPECTION PROGRAM
SFN 10706 (4-2025)

4201 Normandy St.
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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Owner's ID	Insurance Locator Code
State Number ND	National Board Number NB	Other Number	Kind of Inspection <input type="checkbox"/> Int <input type="checkbox"/> Ext <input type="checkbox"/> Ext		
Owner Name	Users Name (Object Location)	User Category	Certificate Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Spec Loc in Plant	Certificate To <input type="checkbox"/> Owner <input type="checkbox"/> User		
		Boiler Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Temp. Inactive	Invoice To <input type="checkbox"/> Owner <input type="checkbox"/> User		
Contact	County	Manufacturer	With Manhole		
Use	Vessel Type	Year Built	Fuel Type	Firing Method	
Pressure Gauge Tested <input type="checkbox"/> Yes <input type="checkbox"/> No	Low Water Cut Off Brand	Hydro Test PSI	<input type="checkbox"/> Yes <input type="checkbox"/> No Date	Inservice <input type="checkbox"/> Yes <input type="checkbox"/> No PSI	
Pressure Allowed This Inspection	Previous Inspection	Safety Relief Valve Set at:	Tested <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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