BOILER INSPECTION REPORT

NORTH DAKOTA INSURANCE DEPARTMENT
BOILER INSPECTION PROGRAM
SFN 10706 (2-2015)

North Dakota Insurance Department
600 E. Boulevard Ave.
Bismarck, ND 58505-0320
TELEPHONE: (701) 328-9600
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www.nd.gov/ndins

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: