



Safety Inspection Unit  
 Boiler Inspection Section  
 1100 N Eutaw St, Room 300  
 Baltimore MD 21201

http://www.DLLR.state.md.us  
 boilers@DLLR.state.md.us  
 phone 410-767-2330  
 fax 410-333-7827

BOILER or PRESSURE VESSEL INSPECTION						
1	DATE INSPECTED	CURRENT CERT EXP DATE	CERT POSTED <input type="checkbox"/> Yes <input type="checkbox"/> No	OWNER No.	JURISDICTION No.	<input type="checkbox"/> NATL BD No. <span style="margin-left: 20px;"><input type="checkbox"/> OTHER</span>
2	OWNER			NATURE OF BUSINESS	INSPECTION TYPE <input type="checkbox"/> INT <input type="checkbox"/> EXT	CERT INSPECTION <input type="checkbox"/> Yes <input type="checkbox"/> No
	OWNER ADDRESS			OWNER CITY	STATE	ZIP CODE
3	USER NAME (OBJECT LOCATION)			SPECIFIC LOCATION IN PLANT		OBJECT LOCATION-COUNTY
	USER ADDRESS			USER CITY	STATE	ZIP CODE
4	TYPE <input type="checkbox"/> AIR <input type="checkbox"/> WATER <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> Other _____			YEAR BUILT	MANUFACTURER	
5	USE <input type="checkbox"/> Storage <input type="checkbox"/> Heat Exch. <input type="checkbox"/> Power <input type="checkbox"/> Process <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> Steam Htg. <input type="checkbox"/> Other _____			FUEL	METHOD OF FIRING	PRESSURE GAGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No
6	PRESSURE ALLOWED		SAFETY-RELIEF VALVES		MINIMUM REQUIRED SRV CAPACITY	
	THIS INSPECTION _____		PREV INSPECTION _____		SET AT _____ TOTAL CAPACITY _____	
7	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?			HYDRO TEST		
	<input type="checkbox"/> Yes <input type="checkbox"/> No (IF NO, EXPLAIN FULLY UNDER CONDITIONS)			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ PSI _____ DATE		
<p><i>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.</i></p>						
8	CONDITION:					
9	REQUIREMENTS (List Code Violations):					
THE INSPECTOR EXPLAINED HIS FINDINGS TO ME	OWNER OR USER SIGNATURE			OWNER OR USER NAME PRINTED		
	EMPLOYED BY		TITLE	PHONE	OTHER CONTACT INFO	
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION	INSPECTOR SIGNATURE			INSPECTOR NAME PRINTED		
	INSPECTOR EMPLOYED BY		EMP No.	MD COMM No.	NB COMM No.	
WHITE COPY FOR INSPECTOR		YELLOW COPY FOR OWNER OR USER			PINK COPY FOR CONTRACTOR OR INSTALLER	