State of Delaware
Department of Natural Resources and Environmental Control
Boiler Safety Program

REPORT OF INSPECTION

Boiler Fired Pressure Vessel Unfired Pressure Vessel

Date Issued Certificate No.

Date Inspected Mo. Day Year	*Cert. Exp. Date* Mo. Year	*Certificate Posted* Yes No	*Owner No.*	*DE State Number*	*Nat'l Bld. No.*	*Other No.#*

Owner	*Nature of Business*	*Kind of Inspection* *Certificate Inspection* Int. Ext. Yes No
Owner Street Address Number	*Owners City*	*State* *Zip Code*
Users Name—Object Location	*Specific Location in Plant*	*Object Location County*
Users Street Address Number	*Users City*	*State* *Zip Code*

Type	*Year Built*	*Manufacturer*

Use	*Size*	*Pressure Gage Tested* Yes No

Pressure Allowed This Inspection / Previous Inspection	*Safety Relief Valves Set At*	*Fuel*	*Method of Firing*

Is condition of object such that a certificate may be issued? Yes No (if no explain fully under conditions) *Hydro Test* Yes Psi. Date No

CONDITIONS: *With respect to the internal surface, describe and state location of any scale, oil or deposits. Give location and extent of any corrosion and state weather 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 inspected.*

Conditions:

Requirements: (List code violation)

Name and title of person to whom requirements were explained:

I hereby certify this is a true report of my Inspection:

Signature of inspector *Comm. No.* *Employed by Boiler Safety Program, State of Delaware* *Territory No.*