



# DIVISION OF FIRE SAFETY



firesafety.vermont.gov

Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team

## Boiler/Fired Pressure Vessel/Unfired Pressure Vessel – Report of Inspection

### Barre Regional Office

1311 US RTE 302, Suite 500  
Barre, VT 05641  
Phone: (802) 479-4434  
Fax: (802) 479-4446

### Rutland Regional Office

56 Howe Street, Building A, Suite 200  
Rutland, VT 05701  
Phone: (802) 786-5867  
Fax: (802) 786-5872

### Springfield Regional Office

100 Mineral Street, Suite 307  
Springfield, VT 05156-3168  
Phone: (802) 885-8883  
Fax: (802) 885-8885

### Williston Regional Office

380 Hurricane Lane, Suite 101  
Williston, VT 05495  
Phone: (802) 879-2300  
Fax: (802) 879-2312

### Standard Form for States Operating Under the ASME Code

Date Inspected	Owner or Battery No.	State or City No.	National Board. Or Standard and No.	Manufacturer's or Shop No.
USER-OWNER (if user is not the owner, give names and addresses of both user and owner. If ownership has changed, give name on posted certificate)				Nature of Business (Store, laundry, etc.)
ADDRESS (NO.) (STREET)		(CITY)	(STATE)	ZIP CODE
LOCATION OF OBJECT (NO.) (STREET)		(CITY)	(STATE)	ZIP CODE
KIND OF INSPECTION	CERTIFICATE INSP.	TYPE OF OBJECT (H. T, V. T, W.T, C.I., Tank, Kettle, etc.)	MADE BY	YEAR BUILT
INT EXT	YES NO			
FUEL USED (Coal, Oil, Gas, Pulv., etc.) (not change if any)		METHOD OF FIRING (Hand, Stoker, Automatic Burner, etc.)		
USED FOR (Power, Heat, Process, etc.)		Pressure Gage Tested	HYDRO TEST	
		YES NO	Yes	PSI Date: No
PRESSURE ALLOWED (This Inspection) (Previous Inspevtion)		EXPLAIN IF PRESSURE CHANGED		FACTOR OF SAFETY
CURRENT CERTIFICATE POSTED	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? (If No, Explain fully under conditions)			
YES NO	YES NO			
CONDITIONS:	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 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 gauge, water column, gauge glass, gauge cocks, safety valves, etc. Report condition of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.			
REQUIREMENTS: (LIST CODE VIOLATIONS):				
Name and Title of Person to Whom Requirements Were Explained:				
I hereby certify this is a true report of my inspection:		NB Commission number:		VT Commission number:
Signature of Commissioned Inspector		Employed by		Site Number