



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

Waterbury Regional Office

45 State Dr
Waterbury, VT 05671-8200
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) 216-0500
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