

FORM NB-5 BOILER OR PRESSURE VESSEL DATA REPORT

FIRST INTERNAL INSPECTION

Standard Form for Jurisdictions Operating Under the ASME Code

1	DATE INSPECTED MO DAY YEAR	CERT EXP DATE MO YEAR	CERTIFICATE POSTED <input type="checkbox"/> Yes <input type="checkbox"/> No	OWNER NO.	JURISDICTION NUMBER	NAT'L BD NO. <input type="checkbox"/>	OTHER NO. <input type="checkbox"/>
2	OWNER			NATURE OF BUSINESS	KIND OF INSPECTION <input type="checkbox"/> Int <input type="checkbox"/> Ext	CERTIFICATE INSPECTION <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	OWNER'S STREET ADDRESS NUMBER			OWNER'S CITY	STATE	ZIP	
4	USER'S NAME - OBJECT LOCATION			SPECIFIC LOCATION IN PLANT		OBJECT LOCATION - COUNTY	
5	USER'S STREET ADDRESS NUMBER			USER'S CITY	STATE	ZIP	
6	CERTIFICATE COMPANY NAME			CERTIFICATE COMPANY CONTACT NAME		EMAIL	
7	CERTIFICATE COMPANY ADDRESS			CERTIFICATE COMPANY CITY		STATE	ZIP
8	TYPE <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> AIR TANK <input type="checkbox"/> WATER TANK Other _____			YEAR BUILT	MANUFACTURER	YEAR INST	<input type="checkbox"/> New <input type="checkbox"/> Secondhand
9	USE <input type="checkbox"/> Power <input type="checkbox"/> Process <input type="checkbox"/> Steam Htg <input type="checkbox"/> HWH <input type="checkbox"/> HWS <input type="checkbox"/> Storage <input type="checkbox"/> Heat Exchange <input type="checkbox"/> Other _____			FUEL (BOILER)	METHOD OF FIRING (BOILER)	PRESSURE GAGE TESTED <input type="checkbox"/> Yes <input type="checkbox"/> No	
10	PRESSURE This Inspection _____ Prev. Inspection _____		SAFETY-RELIEF VALVES Set at _____		EXPLAIN IF PRESSURE CHANGED		
11	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain fully on back of form - listing code violation)				PRESSURE TEST <input type="checkbox"/> Yes _____ psi Date _____ <input type="checkbox"/> No		
12	SHELL No. _____	DIAMETER <input type="checkbox"/> ID <input type="checkbox"/> OD in. _____	OVERALL LENGTH ft. _____ in. _____	THICKNESS in. _____	TOTAL HTG SURFACE (BOILER) Sq. Ft. _____		MATERIAL ASME Spec. Nos. _____
13	ALLOWABLE STRESS psi _____	BUTT STRAP Thks in. _____	<input type="checkbox"/> Single <input type="checkbox"/> Double	HEADERS - WT BOILERS Thickness in. _____	TYPE <input type="checkbox"/> Box <input type="checkbox"/> Sinuous <input type="checkbox"/> Wtr Wall <input type="checkbox"/> Other _____		
14	TYPE LONGITUDINAL SEAM <input type="checkbox"/> Lap <input type="checkbox"/> Butt <input type="checkbox"/> Welded <input type="checkbox"/> Brazed <input type="checkbox"/> Riveted		RIVETED Dia Hole _____ in. _____		PITCH in. X _____ in. X _____	SEAM EFF % _____	
15	HEAD THICKNESS in. _____	HEAD TYPE <input type="checkbox"/> Plus <input type="checkbox"/> Minus <input type="checkbox"/> Flat	<input type="checkbox"/> Fixed <input type="checkbox"/> Movable <input type="checkbox"/> Quick Opening	RADIUS DISH in. _____	ELLIP RATIO No. _____	BOLTING Dia. _____ in. Material _____	
16	TUBE SHEET THICKNESS in. _____	TUBES No. _____ Dia. _____ in. Length _____ ft. _____ in. _____		PITCH (WT BLRS) in. X _____ in. _____	LIGAMENT EFF % _____		
17	FIRE TUBE BOILERS DISTANCE UPPER TUBES TO SHELL Front _____ in. Rear _____ in.		STAYED AREA FRONT HEAD { Above Tubes _____ Below Tubes _____		REAR HEAD { Above Tubes _____ Below Tubes _____		
18	STAYS ABOVE TUBES Front No. _____ Rear No. _____		TYPE <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Welded <input type="checkbox"/> Weldless		AREA OF STAYS Front _____ Rear _____		
19	STAYS BELOW TUBES Front No. _____ Rear No. _____		TYPE <input type="checkbox"/> Head to Head <input type="checkbox"/> Diagonal <input type="checkbox"/> Welded <input type="checkbox"/> Weldless		AREA OF STAYS Front _____ Rear _____		
20	FURNACE - TYPE Adamson (No. Sect. _____) <input type="checkbox"/> Corrugated <input type="checkbox"/> Plain <input type="checkbox"/> Other _____			THICKNESS in. _____	TOTAL LENGTH ft. _____ in. _____	TYPE LONG. SEAM <input type="checkbox"/> Welded <input type="checkbox"/> Riveted <input type="checkbox"/> Seamless	
21	STAYBOLTS - TYPE Threaded _____ Welded _____ Hollow _____ Drilled (Size Hole _____ in.)			DIAMETER in. _____	PITCH in. X _____ in. _____	NET AREA sq. in. _____	
22	SAFETY-RELIEF VALVES No. _____ Size _____		TOTAL CAPACITY _____ Cfm _____ Btu/Hr	OUTLETS No. _____ Size _____		PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)	
23	STOP VALVES <input type="checkbox"/> Yes <input type="checkbox"/> No	ON STEAM LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	ON RETURN LINES <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER CONNECTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	STEAM LINES PROPERLY DRAINED <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)		
24	FEED PIPE Size _____ in.	FEED APPLIANCES No. _____	TYPE DRIVE <input type="checkbox"/> Steam <input type="checkbox"/> Motor	CHECK VALVES <input type="checkbox"/> Yes <input type="checkbox"/> No	FEED LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	RETURN LINE <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	WATER GAGE GLASS No. _____	TRY COCKS No. _____	BLOWOFF PIPE Size _____ in. Location _____	INSPECTION OPENINGS COMPLY WITH CODE <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)			
26	CAST-IRON BOILERS Length _____ in. Width _____ in. Height _____ in.			SECTIONS No. _____	DOES WELDING ON STEAM, FEED BLOWOFF AND OTHER PIPING COMPLY WITH CODE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)		
27	SHOW ALL CODE STAMPING ON BACK OF FORM. Give details (use sketch) for special objects NOT covered above - such as double wall vessels, etc.				DOES ALL MATERIAL OTHER THAN AS INDICATED ABOVE COMPLY WITH CODE? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain on back of form)		
28	NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED:						
29	I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION Signature of Inspector _____			IDENT NO. _____	EMPLOYED BY _____	IDENT NO. _____	

Complete When Not Registered National Board

