



**BOILER / PRESSURE VESSEL  
INSPECTION**

**DIVISION OF LABOR & INDUSTRY  
BOILER SAFETY INSPECTION  
10946 GOLDEN WEST DRIVE, SUITE 160  
HUNT VALLEY, MD 21031  
Boiler.Safety@maryland.gov**

1	DATE INSPECTED*	CUR CERT EXP DATE*	JURISDICTION **	NB **	OWNER #	SERIAL #	
2	PHYSICAL LOCATION NAME*		PHYSICAL ADDRESS*		CITY*	STATE* ZIP *	
	OWNER		OWNER ADDRESS		CITY	STATE ZIP	
	MAIL INVOICE TO		INVOICE ADDRESS		CITY	STATE ZIP	
	MAIL CERT TO		CERTIFICATE ADDRESS		CITY	STATE ZIP	
3	SPECIFIC LOCATION IN PLANT*			USE*	TYPE*		
4	MANUFACTURER*	MODEL #*	YEAR BUILT*	YEAR INSTALLED*	INSTALLED NEW* <input type="checkbox"/> Yes <input type="checkbox"/> No	VAR or EXEMPT?* <input type="checkbox"/> Yes <input type="checkbox"/> No	ASME CODE STAMP *
5	FUEL (if Boiler)* / FLUID (if PV)*		FUEL TRAIN (if Boiler)* If OTHER, explain fully <input type="checkbox"/> CSD-1 <input type="checkbox"/> Other		FIRING METHOD (if Boiler)* If OTHER, explain fully <input type="checkbox"/> Auto <input type="checkbox"/> Unfired <input type="checkbox"/> Manual <input type="checkbox"/> Other		
6	MAWP STAMPED (PSIG)*	MAWP CALCULATED (PSIG)	PRD CAP REQD* (include units)		STATUS* See quick Reference Guide	INSPECTION TYPE* <input type="checkbox"/> CERT <input type="checkbox"/> NONCERT <input type="checkbox"/> ACCIDENT <input type="checkbox"/> INT <input type="checkbox"/> EXT <input type="checkbox"/> COS	
7	CERT POSTED* <input type="checkbox"/> Yes <input type="checkbox"/> No	MAWP ALLOWED (PSIG)*	PRD(S) SET AT (PSIG)*	TOTAL PRD CAP INSTALLED* (include units)		PRESSURE GAUGE TESTED* <input type="checkbox"/> Yes <input type="checkbox"/> No	
8	IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED?*				HYDRO TEST PERFORMED		
	<input type="checkbox"/> Yes <input type="checkbox"/> No If NO, explain fully under CONDITIONS				<input type="checkbox"/> Yes <input type="checkbox"/> No _____PSIG DATE _____		
9	COMMENTS, EXPLANATIONS AND COMPLETE NAMEPLATE INFORMATION:						
10	CONDITIONS Include Violations:	Describe new installation documentation; repairs and alterations quality and documentation "R" Form since last inspection; each non-conformity (violation) to Law, Regulations or Codes; deposits such as oil, scale, etc.; defects such as corrosion, erosion, grooving, bulging, cracking, etc.; condition of setting, linings, baffles, supports, tubes, tube ends, coils, nipples, rivets, stays (bowed, loose, broken) etc.; condition of water level, pressure, and temperature indicators and controllers, pressure relief devices, fuel train, blowdown, piping, etc.; Attach a map of the object if helpful.					
11	REQUIREMENTS TO RESOLVE EACH VIOLATION:						
12	STATIONARY ENG NAME			STATIONARY ENG GRADE OF LICENSE		LICENSE #	
THE INSPECTOR EXPLAINED HIS FINDINGS TO ME*	SIGNATURE			PRINTED NAME			
	EMPLOYED BY			TITLE	LOCATION PHONE		OTHER CONTACT INFO
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION*	INSPECTOR SIGNATURE			INSPECTOR NAME PRINTED			
	INSPECTOR EMPLOYED BY			MD COMMISSION #		NB COMMISSION #	
COPY FOR INSPECTOR			COPY FOR OWNER OR USER			COPY FOR CONTRACTOR OR INSTALLER	