



Alabama Department of Workforce

Inspections Division

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Montgomery, AL 36130

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Kay Ivey
Governor

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Boiler and Pressure Vessel Inspection Report

Date Inspected	Cert Exp Date	Cert Posted Yes [] No []	Invoice for Insp Yes [] No []	Jurisdiction No. AL	NB No./Serial No.
Owner Name		Nature of Business		Type of Inspection Internal [] External [] Initial: Permit No. AL _____ BPV	
Owner Address and PO Box		Owner City		Owner State	Owner Zip
Location Name		Object Specific Location		Object Location County	
Location Address		Location City		Location State Alabama	Location Zip
Boiler Type: FT ___ WT ___ CA ___ CI ___ Coil ___ Elec ___ Oth _____			Manhole Yes ___ No ___	Manufacturer	Fuel
Boiler Use: Power ___ Pro ___ HWH ___ HWS ___ Stm Ht ___ Oth _____			Firing Method		
Pressure Vessel Type: Air ___ Ammonia ___ CO2 ___ Heat Exc ___ Hot Water ___ Nitrogen ___ Oxygen ___ Refrigerant ___ Water ___ Other _____					
Pressure Vessel Use: Process ___ Storage ___ Service ___ Receiver ___ Heat Exchanger ___ Other _____					Controls Tested Yes ___ No ___
Dimensions (diameter, length, height, feet)		Boiler Heating Surface and Capacity		Year Built	ASME Code Stamp
MAWP PSI	Number of Safety Relief Valves (SRV)	Safety Relief Valve Set at: PSI	Total SRV Capacity (lb./hr., btu/hr., cfm)		Pressure Gage Tested
Special Billing Instruction: Send Invoice to: Owner ___ Location ___ Contact Name _____ Email _____ Send Certificate to: Owner ___ Location ___ Contact Name _____ Email _____ Fee Schedule: Inspection \$ _____ Certificate \$ _____ Phone _____					
Violations/Required Actions/Compliance Date					
Comply by: _____					
Signature of Inspector		Insp AL No.	Insp NB No.	Company	On site contact/email/phone
Neither this inspection nor any provisions of this inspection shall be construed to place any liability on the State of Alabama, the inspection Agency/Company or the inspector with respect to any claim by any person, firm, or corporation relating in any way whatsoever to Boiler and Pressure Vessel inspections and injury or damage arising there from.					