INSPECTION REPORT OF PUBLIC BUILDINGS SERVICE **UNFIRED PRESSURE VESSELS** (Make separate report for each pressure vessel) CITY AND STATE BUILDING REGION NUMBER DATE OF INSPECTION **HEADQUARTERS** 1. NUMBER OF UNFIRED PRESSURE VESSELS IN BUILDING SUBJECT TO INSPECTION 2. PLANT PRESSURE VESSEL NUMBER 3. MANUFACTURER'S NAME 3A. MANUFACTURER'S NUMBER 4. TYPE OF PRESSURE VESSEL COMPRESSED AIR TANK COOLER, REFRIGERATION OR COMP. AIR BOILER FEED HEATER (Closed type) DOMESTIC HOT WATER TANK CONDENSER, STEAM OR REFRIGERATION OIL HEATER LIQUID RECEIVER HYDRO-PNEUMATIC TANK OTHER (Specify type) 5. *TYPE OF SUPPORTS 6. *DATE MANUFACTURED 6A. *DATE INSTALLED THIS LOCATION 7. TYPE OF SHELL CONSTRUCTION (Riveted, welded, etc.) 8. MATERIAL AND GAUGE OF SHELL 9. OVERALL DIMENSIONS OF SHELL 10. *STATE SERVICE (Boiler feed, domestic hot water, etc.) 11. MANUFACTURER'S RATING **CAPACITY** (G.P.M.; LBS. P.M.; ETC.) DESIGN PRESSURE (Shell) LBS./SQ. IN. MAXIMUM SAFE WORKING PRESSURE LBS./SQ. IN. 12. MAXIMUM PRESSURE UNDER WHICH VESSEL IS NOW OPERATED LBS./SQ. IN. 13. HAS SHELL OPERATING PRESSURE EVER BEEN REDUCED, BASED ON AN OFFICIAL RECOMMENDATION? YES NO 13A. IF SO, STATE DETAILS 14. DATE OF LAST INSPECTION 15. NAME AND TITLE OF LAST INSPECTOR 16. TYPE OF HEATING OR COOLING MEDIUM **AMMONIA** F-11 F-12 OTHER (Specify) STEAM WATER 17. *DESCRIPTION OF HEAT TRANSFER SURFACE

OTHER (Specify)

20. *DIAMETER OF TUBES (O.D.)

RETURN BEND COILS

SQ. FT.

SPIRAL COILS

TUBE NEST

18. *AMOUNT OF TUBE SURFACE

19. *NUMBER AND LENGTH OF TUBES

21. *MATERIAL AND GAUGE OF TUBES

| 22. GENERAL CONDITION OF PRESSURE VESS | SEL | | | |
|---|---|------------------|---------------|-----------------|
| | | | | |
| 23. HAS INTERIOR OF SHELL BEEN PROTECTED AGAINST CORROSION? | | | YES | NO |
| 23A. IF SO, DESCRIBE SAME | | | | |
| 24. DOES VESSEL CONTAIN OIL? | 24A. DOES VESSEL CONTAIN GREASE? | 24B. DOES VESSE | L CONTAIN SCA | LE? |
| YES NO | YES NO | | YES | NO |
| 24C. IF SO, TO WHAT EXTENT ARE QUANTITIE | s CONSIDERED SERIOUS? | | | |
| 25. WAS PITTING OR CORROSION APPARENT? | ? | | YES | □ NO |
| 25A. IF SO, TO WHAT EXTENT? | | | | |
| 26. DOES VESSEL SHOW SIGNS OF DISTORTION | ON? | | YES | NO |
| 26A. IF SO, TO WHAT EXTENT? | | | | |
| 27. HAS CORROSION INHIBITOR BEEN USED? | | | YES | □ NO |
| 27A. IF SO, DESCRIBE SAME | | | | |
| 28. CONDITION OF HEAT TRANSFER SURFACE | <u> </u> | | | |
| 29. CONDITION OF TUBE SUPPORTS | | | | |
| 30. SHELL (Hydrostatic) (Pneumatic) PRESSURE | OF | | LBS./SQ. | IN. WAS APPLIED |
| 31. DID PRESSURE VESSEL SHOW DEFECTS U | JNDER THIS PRESSURE? | | YES | □ NO |
| 31A. IF SO, WHERE AND TO WHAT EXTENT? | | | | |
| 32. WAS TEST PRESSURE 1 1/2 TIMES THE MA | AXIMUM ALLOWABLE WORKING PRESSURE AS RATED BY T | HE MANUFACTURER? | YES | □ NO |
| 32A. IF NOT, WHY WAS MAXIMUM PRESSURE | NOT APPLIED? | | | |
| 33. RECOMMENDED MAXIMUM SAFE WORKING | G PRESSURE AS A RESULT OF THIS TEST | | LBS./SQ/ | IN |
| 34. *PRESSURE RELIEF VALVES | 7.05 | 0175 | | |
| NUMBER 35. ARE THESE VALUES ALSO DESIGNED FOR | TYPE R TEMPERATURE PROTECTION? | SIZE | | |
| 36. IF NOT, IS THERE ANY TEMPERATURE PRO | OTECTION OR CONTROL ? | | YES | NO |
| | STECTION ON CONTROL! | | YES | ☐ NO |
| 36A. DESCRIBE SAME | | | | |

| 37. STATE CONDITION OF PRESSURE AND/OR TEMPERATURE RELIEF VALVES | | | |
|---|----------------------|-----------|----------|
| 38. DESCRIBE ANY OTHER CONTROLS AND STATE THEIR CONDITIONS | | | |
| 39. WERE RELIEF VALVES RESET? | | YES | NO |
| 39A. IF SO, FOR WHAT CONDITIONS? | | | |
| 40. CONDITION OF PRESSURE VESSEL GAUGES AND THERMOMETERS | | | |
| 41. WHAT VARIATION IN PRESSURE AND/OR TEMPERATURE EXISTED BETWEEN PRESSURE VESS INSPECTOR'S TEST GAUGE AND THERMOMETER AT WORKING PRESSURE AND TEMPERATUR | | AND | |
| 42. WERE GAUGES AND THERMOMETERS CORRECTED OR RENEWED? | |] YES | □NO |
| 43. DOES VESSEL CONTAIN SAFETY PLUGS? | |]]YES | □ NO |
| 43A. IF SO, STATE CONDITION | | | |
| 44. WERE SAFETY PLUGS RENEWED? | | YES | NO |
| 45. CONDITION OF GAUGE GLASS, IF FITTED | | | |
| 46. CONDITION OF PIPE CONNECTIONS AND ATTACHMENTS | | | |
| 47. CONDITION OF HEAT TRANSFER HEADER MANIFOLD | | | |
| 48. WAS HEAT TRANSFER SYSTEM TESTED FOR TIGHTNESS? | | YES | □ NO |
| 48A. IF SO, DESCRIBE METHOD AND GIVE RESULTS | _ | | |
| 49. WHAT REPAIRS OR ALTERATIONS HAVE BEEN MADE SINCE LAST INSPECTION AND WHY WER | E THEY MADE? | | |
| 50. IF TOXIC GASES ARE USED IN PRESSURE VESSEL, HAS ADEQUATE PROVISION BEEN MADE TO | O PROTECT PERSONNEL? | | |
| 51. HAS ADEQUATE PROVISION BEEN MADE FOR FIRE FIGHTING? | Γ | YES | NO |
| 52. HOW DO PERSONNEL IN CHARGE OF THIS EQUIPMENT GRADE? | _ | | |
| COMPETENT DOUBTFUL INCOMP | ETENT | | |
| GIVE RECOMMENDATIONS REGARDING PERSONNEL | | | |

| 53. IN YOUR OPINION IS THIS UNFIRED PRESSURE VESSEL IN A SAFE CONDITION TO BE OPERATED? | YES | □ NO |
|--|---------|------|
| 53A. IF ANSWER TO QUESTION 53 IS NO, THE INSPECTOR WILL NOTIFY THE CUSTODIAN, OR BUILDING SUPERINTENDENT, IMMEDIN WRITING, NOT TO SUE SAME AND GIVE COMPLETE DETAILS TO REGIONAL OFFICE BY WIRE. | DIATELY | |
| 54. RECOMMENDATIONS AND REMARKS BY THE INSPECTOR (Include alterations, additions or repairs considered necessary) | | |
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| 54A. SIGNATURE OF INSPECTOR | | |
| 54A. SIGNATURE OF INSPECTOR | | |
| 54B. TITLE OF INSPECTOR | | |
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| 55. RECOMMENDATIONS AND REMARKS BY LOCAL OFFICER OR ENGINEER IN CHARGE | | |
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| 55A. SIGNATURE OF OFFICER IN CHARGE | | |
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| 55B. OFFICIAL TITLE OF OFFICER IN CHARGE | | |
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| NOTE: Use additional sheets if necessary, to supplement the above remarks. | | |