BOILER AND PRESSURE VESSEL INSPECTION REPORT

LABOR & INDUSTRIES
BOILER SECTION

OWNER:			
ADDRESS:			
CITY:	STATE:	ZIP	DATE BILLED (OFFICE USE):
USER:			INSPECTION AGENCY:
ADDRESS:			PERSON CONTACTED: PHONE:
CITY:	STATE:	ZIP	INSPECTOR SIGNATURE: ID #:

STATE NO.	NATL. BOARD SERIAL NUMBER	TYPE VESSEL	MANUFACTURER	YEAR BUILT	MAX. ALLOW. WORK. PRESS. ON CERT.	SIZE SQ/FT /GAL	LOCATION	DATE INSPECTED	CERTIFICATE EXPIRES	INT EXT	ISSUE CERT	INSP FEE	CERTIFCATE FEE

REMARKS: