



Alabama Department of Labor
Inspections Division
 649 Monroe Street
 Montgomery, Alabama 36131
 Office 334-956-7404 Fax 334-956-7405

Kay Ivey
 Governor

Fitzgerald Washington
 Secretary of Labor

Boiler and Pressure Vessel Inspection Report

Date Inspected		Cert. Exp. Date		Cert. Posted Yes () No ()		Invoice for Insp Yes () No ()		Jurisdiction Number AL		National Board No. Ser No.	
Owner Name:				Nature of Business				Type of Inspection Permit No. AL _____ BPV INT () EXT ()			
Owner Address and P.O. Box				Owner City				Owner State		Owner Zip Code	
Location Name				Object Specific Location				Object Location County			
Location Address				Location City				Location State Alabama		Location Zip Code	
Type Boiler: FT ___ WT ___ CA ___ CI ___ Coil ___ Elect Blr ___ OTH ___ N/A ___						Man Hole Yes ___ No ___		Manufacturer of Object		Fuel N/A ___	
Boiler Use: Pro ___ HWH ___ HWS ___ St Ht ___ OTH ___ N/A ___						No ___				Firing Method N/A ___	
Type Pressure Vessel: Air () Ammonia () Argon () Autoclave () Heat Exchanger () Hot Water () Nitrogen () Oxygen () Refrigerant () Water () N/A () Other () ___											
Pressure Vessel Use: Heat Exchanger () Process () Storage () Service () Receiver () N/A () Other () _____								Controls Tested Yes () No ()			
Dimensions (diameter, length, width, height, etc. in ft)				Boiler Heating Surface and Capacity				Year Built		ASME Code Stamp	
MAWP psi		Number of Safety-Relief Valves		Safety Relief Valve Set at psi		Total Safety-Relief Valve Capacity (lbs/hr, btu/hr., cfm, lb/min)		Pressure Gage Tested Yes () No ()			
Special Billing Instructions: Send Invoice to: Owner () Location () Contact Name: _____ Ph No. _____ Send Certificate to: Owner () Location () Contact Name: _____ Ph No. _____											

Violations/Required Actions/Compliance Date(s) Fee Schedule: Certificate \$ _____ Inspection \$ _____

					Comply by / /	
Signature of Inspector		Inspector CC No.	Inspector NB No.	Company Name	Person contacted/explained to and phone number	