

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

**Ralph T. Hudgens, Commissioner**

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**SAFETY FIRE  
SAFETY ENGINEERING  
GID-286-SF JUL2012  
(same as DOL-4204)**

www.ocl.ga.gov

**BOILER/HEATER/PRESSURE VESSEL REPORT OF INSPECTION**

<b>Jurisdiction Number</b>	<b>Inst. Permit Number</b>	<b>Last Inspection</b>	<b>This Inspection</b>	<b>Type Of Inspection</b>	
<input type="checkbox"/> Insp. Passed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cert. Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Last Cert. Expires</b>	<b>This Cert. Expires</b>	<input type="checkbox"/> In.Perm.-Initial	<input type="checkbox"/> In.Perm.-Spec.
				<input type="checkbox"/> Reg. Operating	<input type="checkbox"/> Follow-up

<b>Send Cert. to:</b> <input type="checkbox"/> Own. <input type="checkbox"/> Loc. <input type="checkbox"/> Billing	<b>Out Of Service</b> <input type="checkbox"/> Yes Eff.Dte. _____ <input type="checkbox"/> No Rsn.: _____	<b>Auth. Current</b> <input type="checkbox"/> Yes ID: _____ <input type="checkbox"/> No Rsn: _____
<b>Bill For:</b> <input type="checkbox"/> Cert. Only <input type="checkbox"/> Insp. Only <input type="checkbox"/> Both <input type="checkbox"/> Spec. Amt.		

<b>Assigned Inspector</b>	<input type="checkbox"/> Ins. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Canc. Canc. Eff. Date _____	<b>Ins. Co. / Policy</b>
<b>Specific Location of Equipment</b>	<b>Location County</b>	<b>Type Of Business</b>

<b>Location</b>	<b>Billing</b> <input type="checkbox"/> Own. <input type="checkbox"/> Loc. <input type="checkbox"/> Billing:
Name _____	Name _____
Street _____	Street _____
Extra Addr. _____	Extra Addr. _____
City, St., Zip _____	City, St., Zip _____
Attn: _____	Attn: _____
Phone _____ Fax: _____	Phone _____ Fax: _____

<b>Owner</b>	<b>Contact Name:</b> _____
Name _____	<b>Contact Phone:</b> _____
Street _____	<b>Insp. Performed</b> <input type="checkbox"/> Nat'l. Board <input type="checkbox"/> Serial No.
Extra Addr. _____	<input type="checkbox"/> Int. <input type="checkbox"/> Ext. <input type="checkbox"/> Both
City, St., Zip _____	<b>Controls Checked</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Attn: _____	<b>ASME Code</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone _____ Fax: _____	<b>Stamp</b> Expl.: _____

<b>Year Built</b> _____	<b>Manufacturer</b> _____	<b>Boiler Class</b> <input type="checkbox"/> HP <input type="checkbox"/> LP <input type="checkbox"/> HLW
<b>Boiler Type</b> <input type="checkbox"/> FT <input type="checkbox"/> Elec.Blr. <input type="checkbox"/> WT <input type="checkbox"/> Cl <input type="checkbox"/> Coil	<b>Boiler Use</b> <input type="checkbox"/> Proc. <input type="checkbox"/> SL <input type="checkbox"/> Ht.Wtr.Ht.	
<b>Boiler Fuel</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Elec. <input type="checkbox"/> Coal	<b>Boiler Capacity</b> <input type="checkbox"/> BTU or <input type="checkbox"/> LBS/HR <b>MAWP</b> _____	
<b>Pressure Vessel Type</b> <input type="checkbox"/> Air <input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Oxygen <input type="checkbox"/> Heat Exch.	<b>Pressure Vessel Use</b> <input type="checkbox"/> Proc. <input type="checkbox"/> Storage <input type="checkbox"/> Service	
<b>No. of Safety Valves</b> _____	<b>Safety Valve 1 Setting</b> _____	<b>Total Safety Valve Capacity</b> _____
	<b>Boiler Horsepower</b> <input type="checkbox"/> 30 or less <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-100	<input type="checkbox"/> 101-200 <input type="checkbox"/> 201 or more

<b>Equipment Notes</b>

<b>Conditions/Violations</b>	<b>Compliance Date:</b> _____	<b>Corrected Date:</b> _____

<b>Inspection Narration</b>

<b>Signature of Inspector</b>	<b>Signature of Person Contacted</b>
<b>Send Copy to:</b> <input type="checkbox"/> Own. <input type="checkbox"/> Loc. <input type="checkbox"/> Billing	