



Mitt Rommey  
Governor

Kerry Healey  
Lieutenant Governor

# The Commonwealth of Massachusetts Department of Public Safety

One Ashburton Place, Room 1301  
Boston, Massachusetts 02108-1618

Phone (617) 727-3200

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Edward A. Flynn  
Secretary

Kevin J. Kelly  
Acting Commissioner

CASHIER'S TRANS. NO.

## INSPECTION APPLICATION - PRESSURE VESSEL DATA

New Installation ( )	Insurance Cancellation ( )
<b>TYPE OF PRESSURE VESSEL</b>	<b>CHECK ONE:</b>
Air Tank, Horizontal	( ) Fee - \$25.00
Air Tank, Vertical	( ) Fee - \$25.00
Boiler, Cast Iron Sectional	( ) Fee - \$25.00
Boiler, Other:	( ) Fee - \$30.00
Manufactured by:	Year:

Re-inspection to be performed by (check one):

STATE INSPECTOR ( )	INSURANCE INSPECTOR ( ) Insurance Company Name: _____
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In compliance with Mass. General Laws, Chapter. 146 and application regulations the undersigned applies for the required inspection.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

### OWNER/USER INFORMATION (Please print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

### LOCATION OF PRESSURE VESSEL (Please print)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

Mail application to: Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108-1618, Attn: Cashiers Office. Enclose a check or money order made payable to: The Commonwealth of Massachusetts.

THE COMMONWEALTH OF MASSACHUSETTS  
 Department of Public Safety  
 One Ashburton Place – Room 1301  
 Boston, Massachusetts 02108-1618

Certification No:

Effective Date:

Expiration Date:

For office use only

**INSPECTION REPORT FOR BOILERS/UNFIRED PRESSURE VESSELS**

General Informator	State Tag No	National Board No	Other Number	First Inspection <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Inspected	Cert. Expire/Next Inspection	
	Owner Name			Nature of Business		District	Inspector
	Owner Street Address			Owner City		State	Zip Code
	User Name at Object Location			Location in Plant		Type of Inspection <input type="checkbox"/> Internal <input type="checkbox"/> External	
	User Street Address			User City		User State	User Zip Code
	Insurance Company		Policy Number	Policy Date of Expiration		Use <input type="checkbox"/> PWR <input type="checkbox"/> HWH <input type="checkbox"/> Pro <input type="checkbox"/> HWS <input type="checkbox"/> STH <input type="checkbox"/> other	

Boiler	Type: <input type="checkbox"/> Firetube <input type="checkbox"/> Watertube <input type="checkbox"/> Cast Iron	Manufacturer	Heating Surface Sq. ft	Horse Power HP	Hydro Test <input type="checkbox"/> No <input type="checkbox"/> Yes _____ PSI
	Safety Valve MAWP	Set Presser	Capacity #/HR	Safety Valve Size	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No

Air Tanks	Type <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	Manufacturer	Year Built	Motor HP:	Length and Diameter	Hydro Test: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ PSI
	Safety Valve MAWP:	Set Pressure	Safety Valve Capacity CFM		Safety Valve Size	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No

Conditions – Check in unsatisfactory, note below  Inoperative/no safety valve  Improper size safety valve  
 Low water cutoff  Limit Controls  Interior/Exterior Corrosion  Scale  Improper installation/repair  
 Miscellaneous/other  Pressure gauge  Blow off  Bottom Drain  Water Column  Water Column  Water Glass  
 Requirements:

\_\_\_\_\_ Days to Comply

Name and Title of person to whom requirements were explain

I hereby certify this is a true copy of my inspection

Inspector Signature

Date