



INDUSTRIAL COMMISSION OF ARIZONA

FORM NB-7 PRESSURE VESSELS - REPORT OF INSPECTION

Standard Form for Jurisdictions Operating Under the ASME Code

1. DATE INSPECTED: _____ CERTIFICATE EXPIRATION DATE: _____ CERTIFICATE POSTED: ☐ YES ☐ NO
(Month/Day/Year) m/d/yyyy (Month/Day/Year) m/d/yyyy
- USER NUMBER: _____ JURISDICTION NUMBER: _____
- NATIONAL BOARD NUMBER: ☐ OR SERIAL NUMBER: (IF CAST IRON) ☐ _____
- FIRST INSPECTION: YES ☐ NO ☐
2. EQUIPMENT LOCATION NAME: _____
- NATURE OF BUSINESS: _____
- KIND OF INSPECTION: ☐ INTERNAL ☐ EXTERNAL CERTIFICATE RENEWAL: ☐ YES ☐ NO
3. EQUIPMENT LOCATION ADDRESS: _____
(Equipment Location Street) (Equipment Location City)
- _____
(Equipment Location State) (Equipment Location Zip Code)
4. CERTIFICATE BUSINESS NAME: _____
- CERTIFICATE CONTACT: _____
(NAME) (Email)
5. CERTIFICATE MAILING ADDRESS: _____
(Certificate Mailing Street) (Certificate Mailing City)
- _____
(Certificate Mailing State) (Certificate Mailing Zip Code)
6. INVOICE BUSINESS: _____
(Name)
- CERTIFICATE INVOICE CONTACT: _____
(Name) (Email)
7. INVOICE ADDRESS: _____
(Invoice Address Street) (Invoice Address City)
- _____
(Invoice Address State) (Certificate Mailing Zip Code)
8. TYPE: AIRTANK ☐ WATER TANK ☐ OTHER: ☐ _____ ASME/OTHER CODE: _____
- MANUFACTURER: _____ YEAR BUILT: _____
- MANHOLE ☐ HANDHOLE ☐ NEITHER ☐ CERTIFICATE DURATION (MONTHS): _____
9. USE: ☐ STORAGE ☐ PROCESS ☐ HEAT EXCHANGE ☐ OTHER: _____
- HORIZONTAL ☐ VERTICAL ☐ LENGTH: _____ DIAMETER: _____

10. STAMPED MAWP: _____ MINIMUM PRD REQUIRED CAPACITY:

NUMBER OF PRD'S: _____ TOTAL CAPACITY: _____

SET PRESSURE: _____ CAPACITY: _____

SET PRESSURE: _____ CAPACITY: _____

SET PRESSURE: _____ CAPACITY: _____

OVERPRESSURE PROTECTION BY SYSTEM DESIGN: ☐ SIZE (ft³ or Gallons):

11. ARE THERE ANY KNOWN OUTSTANDING (OPEN) VIOLATIONS FOR THIS EQUIPMENT? ☐ YES ☐ NO (IF YES, EXPLAIN FULLY UNDER ADVERSE CONDITIONS FOUND)

PRESSURE TEST: YES ☐ PSI _____ Date _____ NO ☐
(m/d/yyyy)

12. INSPECTORS COMMENTS: (Verify any repairs were completed by a qualified repair company, and when applicable, the proper repair/alterations forms are completed.)

13. ADVERSE CONDITIONS FOUND:

14. REQUIREMENTS:

15. PERSON TO WHOM REQUIREMENTS WERE EXPLAINED: _____
(Name) (Title)

(Email) (Phone Number)

16. I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION:

NB COMMISSION NUMBER: _____ EMPLOYED BY: _____

IDENTIFICATION NUMBER: _____ SIGNATURE OF INSPECTOR: _____

PRESSURE VESSEL — REPORT OF INSPECTION — (EXTENSION SHEET)

[illegible]

* In this column show the number of years for which the inspector authorizes the issuance of the certificate.