STATE OF LOUISIANA OFFICE OF STATE FIRE MARSHAL **REPORT OF INSPECTION - ALL BOILERS**

This Inspection is intended for your safety and the safety of the citizens of Louisiana. Your cooperation is greatly appreciated.

PLEASE PRINT

DATE INSPECTED MO DAY YEAR	CERT EXP DATE MO DAY YEAR	CERT POSTED ☐	OWNER NO	JURISDICTION NUMBER LA	OTHER NO ☐ NB ☐ MFG

OWNER / BILLING NAME	NATURE OF BUSINESS	KIND OF INSP ☐ INT ☐ EXT	CERT INSP ☐
OWNER CONTACT NAME / TITLE	FUTURE USE		
OWNER STREET ADDRESS	OWNER CITY	ST	ZIP
OWNER PHONE	OWNER EMAIL		EMAIL REPORT ☐
LOCATION / USER NAME	SPECIFIC LOCATION IN PLANT	LOCATION - PARISH	
LOCATION CONTACT NAME / TITLE	LOCATION INSURANCE NUMBER	FUTURE USE	
LOCATION STREET ADDRESS	LOCATION CITY	ST	ZIP
LOCATION PHONE	LOCATION EMAIL		EMAIL REPORT ☐

TYPE ☐ FT ☐ WT ☐ CI ☐ PWB ☐ PV ☐ COIL ☐ OTHER _____	YEAR BUILT	MANUFACTURER	MANHOLE INST. ☐

USE ☐ HWH ☐ HWS ☐ POWER ☐ PROCESS ☐ STM HTG ☐ OTHER _____	FUEL	METH. OF FIRING	PRESSURE GAUGE TESTED ☐

MAWP	PRESSURE ALLOWED	SAFETY VALVE(S) SET AT	TOTAL HEATING SURFACE	INPUT - BTU/HR	INPUT - KW (ELC)	CAP-GALS

SAFETY - RELIEF COUNT	REL CAP REQUIRED	CAP PROVIDED ☐ LBS/HR STM ☐ BTU/HR ☐ CFM	SVS SEALED ☐	SV TESTED ☐	LWCO INST ☐	LWCO TESTED ☐

IS CONDITION SUCH THAT A CERTIFICATE MAY BE ISSUED? ☐ Yes ☐ No	MAIL CERT TO	MAIL BILL TO	FUTURE USE	HYDRO TEST ☐ Y ☐ N	PSI	DATE MO DAY YEAR

COMMENTS

VIOLATIONS/RECOMMENDATIONS

NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED	EMAIL ADDRESS	EMAIL REPORT ☐ Y ☐ N

NAME OF INSPECTOR	ID NO	EMPLOYED BY	ID NO

I hereby certify that this is a true report as a result of my inspection:

SIGNATURE OF INSPECTOR