



# Ohio Department of Commerce

**Division of Industrial Compliance**  
 Bureau of Operations and Maintenance, Boilers  
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**John R. Kasich**  
 Governor

**David Goodman**  
 Director

## BOILER DATA REPORT—FIRST INTERNAL INSPECTION

Permit # \_\_\_\_\_

DATE INSPECTED MO DAY YR		CERT EXP DATE MO YR		MULTI UNIT YES NO		LEAD OR CERT BOILER YES NO		JURISDICTION NUMBER		NAT'L BD NO ___ SERIAL NO ___		
OWNER						NATURE OF BUSINESS			KIND OF INSP INT EXT		CERT. INSP YES NO	
OWNER ADDRESS						OWNER CITY			STATE		ZIP	
USER NAME/ OBJECT LOCATION						LOCATION IN PLANT			COUNTY			
USER ADDRESS						USER CITY			STATE		ZIP	
TYPE ___ FT ___ WT ___ CI ___ ELECTRIC				YEAR BUILT		CERTIFIED BY			YEAR INST.		NEW SEC HAND	
OTHER												
USE ___ POWER ___ PROCESS ___ STEAM HTG ___ HWH ___ HWS						CODE STAMP		METHOD OF FIRING		FUEL (BOILER)		
STORAGE HEAT EXCHANGE OTHER												
PRESSURE THIS INSP.		MAWP		W		BOILER MRVC		EXPLAIN IF PRESSURE CHANGED				
				S								
SAFETY RELIEF VALVES						TOTAL CAPACITY OF SAFETY RELIEF VALVES						
NUMBER		SIZE		SET AT		BTU/HR, LBS/HR, CFM						
IS CONDITION OF OBJECT SUCH THAT CERT. MAY BE ISSUED? ___ YES ___ NO (IF NO ATTACH CODE VIOLATION REPORT)								HYDRO TEST YES PSI. DATE NO				
SHELL NO.		DIAMETER ___ ID OD		OVERALL LENGTH		TOTAL BOILER HTG SURFACE SQ FT		CAST IRON BOILER LENGTH. WIDTH HEIGHT			SECTIONS NO.	

### OTHER CONDITIONS & CONTRACTOR INFORMATION

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\_\_\_\_\_

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STATE NUMBER OF BOILER BEING REPLACED: \_\_\_\_\_

INSPECTOR NAME (PRINT)		NAME OF COMPANY REPRESENTATIVE		PHONE NO.	
INSPECTOR SIGNATURE		ID NO	EMPLOYED BY		ID NO

**YOU MUST FILL IN EVERY BLOCK, IF IT IS NOT APPLICABLE THEN YOU MUST FILL IN THE BLOCK WITH-----**  
 DIC4306 (01-05-2005)