MISSOURI DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY FREQ NEW MO # **BOILER OR PRESSURE VESSEL -**(Y) N 24 MGn REPORT OF INSPECTION ASME STAMPING SH HLW NONE DATE INSP CERT EXP DATE CERT POST STATE NO NAT'L BRD NO MISSOURI OWNER NO OTHER NO YN MO /3 NB 389 NATURE OF BUSINESS KIND OF INSP LOCATOR CODE CERT INSP EXT INT YN BILLING ADDRESS **USER ADDRESS** LAST INSP INT EXT LAST INSP DATE Lee's Summit Fire 801 MO 150 HWY BILLING TELEPHONE USER TELEPHONE TYPE BOILER YR BLT MANUFACTURER HEATING SURFACE METHOD OF FIRE TYPE PRES VESSEL MANUFACTURER VOLUME - CU. FT. USE CORR SERVICE CONTENTS MAWP ALLOW PRES THIS INSP ALLOW PRES PREV INSP S R VALVE SET AT HYDRO TEST PSI DATE EXPLAIN IF PRESSURE CHANGED SVRC REQUIRED IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? TOTAL SVRC IF NO, EXPLAIN FULLY BELOW. YES NO REQUIRED CONTROLS INSTALLED PROPERLY. Y PIPING INSTALLED PROPERLY. Y N CONTROLS OPERATE SATISFACTORILY, Y N INSPECTOR'S FINDINGS-UNLESS OTHERWISE NOTED BELOW THE OBJECT ON THIS REPORT IS CONSIDERED SAFE FOR CONTINUED SERVICE. NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED TELEPHONE NUMBER I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION **INSURED BY** INSPECTOR'S SIGNATURE STATE COMMISSION NUMBER EMPLOYED BY 060 54410 INSPECTION CERTIFICATE FEE SPECIAL INSPECTION TRAVEL EXPENSE MISC EXPENSE TOTAL CHARGE FOR OFFICE USE ONLY MISSOURI DEPARTMENT OF PUBLIC SAFETY 573 751-8709 OFF DIVISION OF FIRE SAFETY 573 526-5971 FAX PO BOX 1421 JEFFERSON CITY, MO 65102

YOUR INSPECTOR'S PHONE #

MO 812-0511 (6-09)

MISSOURI DEPARTMENT OF PUBLIC SAFETY **DIVISION OF FIRE SAFETY** FREQ **BOILER OR PRESSURE VESSEL -**ASME STAMPING REPORT OF INSPECTION SH HLW NONE MISSOURI OWNER NO OTHER NO STATE NO NAT'L BRD NO DATE INSP CERT EXP DATE CERT POST NB 389 YN MO / 3 SPECIFIC LOC March LOCATOR CODE KIND OF INSP CERT INSP NATURE OF BUSINESS 5+4+10 Y INT FXT N LAST INSP DATE USER ADDRESS LAST INSP INT EXT BILLING ADDRESS Lee's summit fire station # 4 5031 North EAST LAKE WOOD WAY LEFS Summit MO 64/064 USER TELEPHONE COUNTY BILLING TELEPHONE TYPE BOILER MANUFACTURER METHOD OF FIRE VOLUME - CU. FT. TYPE PRES VESSEL YR BLT MANUFACTURER USE CONTENTS CORR SERVICE MAWP ALLOW PRES THIS INSP ALLOW PRES PREV INSP S R VALVE SET AT HYDRO TEST DATE PSI YN EXPLAIN IF PRESSURE CHANGED SVRC REQUIRED 3 _ TOTAL SVRC IS CONDITION OF OBJECT SUCH THAT A CERTIFICATE MAY BE ISSUED? IF NO, EXPLAIN FULLY BELOW. REQUIRED CONTROLS INSTALLED PROPERLY. Y PIPING INSTALLED PROPERLY. Y N CONTROLS OPERATE SATISFACTORILY. Y INSPECTOR'S FINDINGS-UNLESS OTHERWISE NOTED BELOW THE OBJECT ON THIS REPORT IS CONSIDERED SAFE FOR CONTINUED SERVICE NAME AND TITLE OF PERSON TO WHOM REQUIREMENTS WERE EXPLAINED TELEPHONE NUMBER INSURED BY I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION INSPECTOR'S SIGNATURE STATE COMMISSION NUMBER EMPLOYED BY 060 54Ate CERTIFICATE FEE SPECIAL INSPECTION MISC EXPENSE TRAVEL EXPENSE TOTAL CHARGE FOR OFFICE USE ONLY MISSOURI DEPARTMENT OF PUBLIC SAFETY 573 751-8709 OFF DIVISION OF FIRE SAFETY 573 526-5971 FAX

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