

**DIVISION OF LABOR & INDUSTRY**

**BOILER SAFETY INSPECTION**

**10946 GOLDEN WEST DRIVE, SUITE 160  
HUNT VALLEY, MD 21031**

[Boiler.Safety@maryland.gov](mailto:Boiler.Safety@maryland.gov)

**NOTICE OF INSTALLATION OF A BOILER OR PRESSURE VESSEL**

**(an “Object”)**

* The INSTALLER of a boiler or pressure vessel shall give written notice (this Form) to the Chief Boiler Inspector AT LEAST thirty (30) DAYS BEFORE installation. The Installer should work closely with the INSURER'S Boiler Inspector during the installation. For boilers, the INSTALLER shall also submit the Installer's Startup Report (ASME CSD-1 App C, available at www.asme.org, 800-THE-ASME, or state libraries.)
* The INSURER shall submit the First Inspection Report (Form NB-5 or equivalent) to the Chief Boiler Inspector when the object is satisfactory.
* The STATE Deputy Boiler Inspector shall re-inspect and conclude the registration process.
* The installation is not complete until the Chief Boiler Inspector issues a Certificate of Inspection.

**OPERATION WITHOUT A CERTIFICATE IS A VIOLATION OF LAW AND SUBJECT TO PROSECUTION**

* State Law is found in the Annotated Code of Maryland, Public Safety Article, Title 12, Subtitle 9.
* State Regulations are found in the Code of Maryland Regulations (COMAR), Public Safety Article, Title 9, Subtitle 12.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | INSTALLER of object | OWNER of object | USER of object | LOCATION of object |
| CONTACT |  |  |  |  |
| COMPANY |  |  |  |  |
| ADDRESS |  |  |  |  |
| CITY |  |  |  |  |
| STATE |  |  |  |  |
| ZIP |  |  |  |  |
| PHONE |  |  |  |  |
| FAX |  |  |  |  |
| EMAIL |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Give details to explain these items: | | Planned install Date: | |  | | | Planned startup Date: | |  |
| Request waiver of 30-day notice requirement? Why? | |  | | | | | | | |
| Name of BOILER & MACHINERY AIA of location | |  | | | | | | | |
| Type and use of the boiler or pressure vessel or piping installation: | | |  | | | | | | |
| Object specific location in the plant: (eg, boiler room, penthouse, floor #) | | |  | | | | | | |
| Year and name of manufacturer: |  | | | | | | | | |
| Model Number/Serial Number: |  | | | | S/N |  | | | |
|  |  | | | | | | | | |
| Yes No Is it stamped by ASME? If Yes, give Code Symbol (S, H, U, etc.) or Section (IV): | | | | | | | |  | |
| Yes No Is it stamped by National Board? If Yes, give NB Number (or note if cast iron): | | | | | | | |  | |
| Yes No Is it replacing an existing object? If Yes, enter replaced object MD number: | | | | | | | |  | |
| Yes No Is it new (first time installed after construction)?  **IF NOT NEW, ATTACH ADDITIONAL INFO:**  What is it? Type and use?  Code stamp? NB and Jurisdiction numbers?  Who owned it? Who used it? Where was it used?  Is it being moved from another state? Why?  Why is it being brought into Maryland?  When was it made, first installed, last used?  How is it installed, operated, and maintained?  (complete logbook)?  Give previous inspection record and R forms for repair. | | | | | | | | | |
| Yes No Is it reinstalled (not new, same owner, same or new location)? | | | | | | | | | |
| Yes No Is it second-hand (not new, new owner, new location)? | | | | | | | | | |
| Yes No If previously used in Maryland, has it been moved outside of MD? | | | | | | | | | |
| Yes No Has it been used or repaired/altered or registered in another state? | | | | | | | | | |
| Yes No Is it antique (over 30 years old, for demonstration)? | | | | | | | | | |
| Yes No Is it a model (individually fabricated, for demonstration)? | | | | | | | | | |

SUBMITTED BY:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| PRINTED NAME | SIGNATURE | DATE |
|  |  |  |
| EMAIL | PHONE | FAX |

Telephone Number: (410) 767-2330 • Fax Number: (410) 333-7827  
E-mail: [boiler.safety@maryland.gov](mailto:boiler.safety@maryland.gov)

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