



ARISE Incorporated

Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* 11/01/2018		Cert. Exp Date* 11/01/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No.		Jurisdiction Number* ASSET-UNKNOWN		Nat'l Bd. No.		Other No. SN-G01P17238	
Owner US Army Reserve Region 4 Zone C9-VA050						Nature of Business				Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Street Address 6002 Strathmore Rd						Owner City Richmond				State VA		Zip 23234-4916	
User Name - Object Location US Army Reserve Region 4 Zone C9-VA050						Specific Location in Plant Mech Rm				Object Location - County Chesterfield			
User Street Address 6002 Strathmore Rd						User City Richmond				State VA		Zip 23234-4916	
Type Water Tube				Year Built 2009		Manufacturer MUNCHKIN							
Use Hot Water Heating						Fuel Natural Gas		Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed		This Inspection 30 psi		Prev. Inspection psi		Safety Relief Valves Set At* 30 psi		Total Capacity 510 BTU/HR		Heating Surface 0 BTU/HR			
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								Hydro Test <input type="checkbox"/> Yes _____ PSI DATE _____ <input checked="" type="checkbox"/> No					
CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.													
REQUIREMENTS: (List of Code Violations)													
Name and Title of Person to Whom Requirements Were Explained Sean Watson (Moore Mech Contractor)													
I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION 													
Inspector Name				Ident. No.				Employed By				Ident. No.	
Micheal A. Morgan				VA 1023R NB-12262				ARISE Incorporated					

ARISE Incorporated

Unfired Pressure Vessel Report of Inspection

Date Inspected * 11/01/2018		Cert. Exp Date * 11/01/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No.		Jurisdiction Number * ASSET-UNKN		Nat'l Bd. No. 66527		Other No. A00237997	
Owner US Army Reserve Region 4 Zone C9-VA050						Nature of Business			Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Owner Street Address 6002 Strathmore Rd						Owner City Richmond			State VA		Zip 23234-4916		
User Name - Object Location US Army Reserve Region 4 Zone C9-VA050						Specific Location in Plant Mech Rm			Object Location - County Chesterfield				
User Street Address 6002 Strathmore Rd						User City Richmond			State VA		Zip 23234-4916		
Type Hot Water Tank				Year Built 1999		Manufacturer State Industries							
Use Hot Water Supply						Size 0			Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Pressure Allowed		This Inspection 160 psi		Prev. Inspection psi		Safety Relief Valves Set At * 150 psi		Total Capacity 2155 BTU/HR		Explain If Pressure Changed			
Is condition of object such that a certificate may be issued? *								Hydro Test					
(If No, explain fully under condition) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PSI DATE					
CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.													
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Name and Title of Person to Whom Requirements Were Explained Sean Watson (Moore Mech Contractor)													
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Inspector Name				Ident. No.				Employed By				Ident. No.	
Micheal A. Morgan				VA 1023R NB-12262				ARISE Incorporated					

ARISE Incorporated

Boiler - Fired Pressure Vessel Report of Inspection

Date Inspected* 11/01/2018		Cert. Exp Date* 11/01/2020		Certificate Posted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Owner No.		Jurisdiction Number* ASSSET2343		Nat'l Bd. No.		Other No. SN-G01P17267	
Owner US Army Reserve Region 4 Zone C9-VA050						Nature of Business				Kind of Inspection <input type="checkbox"/> Int <input checked="" type="checkbox"/> Ext		Cert Inspection <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner Street Address 6002 Strathmore Rd						Owner City Richmond				State VA		Zip 23234-4916	
User Name - Object Location US Army Reserve Region 4 Zone C9-VA050						Specific Location in Plant Mech Rm				Object Location - County Chesterfield			
User Street Address 6002 Strathmore Rd						User City Richmond				State VA		Zip 23234-4916	
Type Water Tube				Year Built 2009		Manufacturer MUNCHKIN							
Use Hot Water Heating						Fuel Natural Gas		Method of Firing Automatic		Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed		This Inspection 30 psi		Prev. Inspection psi		Safety Relief Valves Set At* 30 psi		Total Capacity 510 BTU/HR		Heating Surface 0 BTU/HR			
Is condition of object such that a certificate may be issued? * (If No, explain fully under condition) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								Hydro Test <input type="checkbox"/> Yes _____ PSI DATE _____ <input checked="" type="checkbox"/> No					
CONDITIONS: With respect to the internal surface, describe and state location of any scale, oil or other deposits. Give location and extent of any corrosion and state whether active or inactive. State location and extent of any erosion, grooving, bulging, warping, cracking or similar condition. Report on any defective rivets, bowed, loose or broken stays. State condition of all tubes, tube ends, coils, nipples, etc. Describe any adverse conditions with respect to pressure gage, water column, gage glass, gage cocks, safety valves, etc. Report conditions of setting, linings, baffles, supports, etc. Describe any major changes or repairs made since last inspection.													
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Inspector Name				Ident. No.				Employed By				Ident. No.	
Micheal A. Morgan				VA 1023R NB-12262				ARISE Incorporated					