

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? * (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 <i>Moore</i>						
Inspector Name Micheal A. Morgan	Ident. No. VA 1023R NB-12262		Employed By ARISE Incorporated		Ident. No.	

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. ASSSET2343	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 30 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

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

Moore Mech

Inspector Name Micheal A. Morgan	Ident. No. VA 1023R NB-12262	Employed By ARISE Incorporated	Ident. No.
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