ANNUAL PRESSURE VESSEL INSPECTION REPORT



F V. ID.	
APPLICATION ID: _	

EPARTMENT OF BUILDING AND SAFETY					
JOB LOCATION:	COPY LEF	T NAM	E OR ADDRESS	CHANGE	
USER NAME(LAST NAME	(FIRST NAME)	(MI)	_ PHONE		
ADDRESS					
CITY			ZIP_		
CONTACT PERSON			PHONE		
NEAREST INTERSECTION					
NATURE OF BUSINESS					
BILLING: NAME:	E) (FIRST NAME)	(MI)			
CITY					
INSPECTION TYPE: CITY INSPECTION DATE SHOP/SR STATE NO		PERMIT [DURATION	(YEARS)	
S. AREA EFF	H.S	GALS	PSI		
DIAM(ID/	OD) LENGTH	FT	_ IN SHELL _	HD	
GAUGE/TEMP	() S. VALV	E: NO SIZE	IN	PS	
CAPACITY	(LBS/BTU'S/CFM)	YEAR BUILT_		_ YEAR INSTALLED	
MFG				CONSTR	
PV EQUIP. CODE	DESC				
INTERNAL UT E	EXTERNAL MA	NWAY: WITH	WITHOU	Г	
OBJECT LOCATION		EST. INSPEC	TION FEE		
REQUIREMENTS: MAJOR	MINOR COMPLIAN	NCE DATE	_JOB ORDER _	G35	
SEND INVOICE: YESNO _	PV INSURED: YES_	NO I	NS DUE DATE_		
INSURANCE COMPANY NAME PREVIOUS/NEW COMMENTS:					
SIGNATURE OF SAFETY ENG	ENGI	NEER NO S	SIGNATURE OF OWNER OR USER		

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.