This document is to be completed by the trainee’s Supervisor and field inspectors as they observe the trainee, and is intended to document the adequacy of inspections performed by the trainee.

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| Employee: | | | |
| **Type Equipment** | **Pressure** | **Manufacturer** | **Service** | | **NC #** | **Type Inspection** | **Observed by:**  **Initials** | **Inspection adequate** | **Date** | **Comments** |
| Cast Iron “H” | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Cast Iron “H” | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Cast Iron “H” | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Cast Iron “H” | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Air Receiver | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Air Receiver | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Air Receiver | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Air Receiver | Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Fire tube | High  Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Fire tube | High  Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Fire tube | High  Low |  |  | |  | Internal  External |  | Yes  No |  |  |
| Vertical Tubeless | High  Low |  |  | |  | Internal  External |  | Yes  No |  |  |

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| **Type Equipment** | **Pressure** | **Manufacturer** | **Service** | **NC #** | **Type Inspection** | **Observed by:**  **Initials** | **Inspection adequate** | **Date** | **Comments** |
| Vertical Tubeless | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Vertical Tubeless | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Water tube  Coil type | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Water tube | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Water tube | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Water tube  High Pressure | High |  |  |  | Internal  External |  | Yes  No |  |  |
| Hydropneumatic | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Hydropneumatic | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Miniature | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Miniature | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Bulk storage | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Bulk storage | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Bulk storage | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Heat Exchanger | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Heat Exchanger | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Chiller/condensers | Low |  |  |  | Internal  External |  | Yes  No |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Type Equipment** | **Pressure** | **Manufacturer** | **Service** | **NC #** | **Type Inspection** | **Observed by:**  **Initials** | **Inspection adequate** | **Date** | **Comments** |
| Chiller/condensers | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Auto clave  Industrial | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Auto clave  Industrial | Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Hot oil heaters | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Water Heaters  HLW | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Water Heaters  HLW | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Hot Water Supply  H | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Hot Water Supply  H | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Deaerators | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| Condensate Return  Tank | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
| PVHO/Hyperbaric Chambers | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
|  | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
|  | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |
|  | High  Low |  |  |  | Internal  External |  | Yes  No |  |  |