

**The National Board of Boiler and Pressure Vessel Inspectors
REPORT OF FITNESS FOR SERVICE ASSESSMENT**

F.F.S. Assessment No. _____

1. Equipment Owner Information: _____

(Name)

(Address)

2. FFS Assessment performed By: _____

(Name of Organization or Individual)

(Address)

3. Location of Equipment Installation: _____

(Name of Company)

(Address)

(Jurisdiction)

4. Equipment or Component Information: _____

(MFG, SR#, NB#, Jurisdiction #, Year Built, Other)

(Equipment Material Specification, Grade)

(Design & operating Pressures, Design & Operating temperatures)

5. Original Code of Construction: _____

(Name) (Section) (Division) (Edition) (Addendum)

FITNESS FOR SERVICE STANDARD USED FOR ASSESSMENT _____

6. Flaw Type(s) and/or Damage mechanisms considered in FFS assessment:

7. FFS Assessment Procedures (attach FFS Assessment reference documents with details if applicable):

Inspection Results: _____

(Type of NDE Performed Pressure Tests, Thickness Measurements, etc.)

Failure Modes Identified: _____

(Crack-Like Flaws, Pitting, Bulges/Blisters, General or Localized Corrosion, etc.)

8. FFS Assessment Results / Recommendations (Check boxes that apply and provide details):

Continued Operation Repair Replace Continue Operation Until: _____

Details (if applicable) _____

9. Owners inspection Intervals(Based on Assessment): _____
(Months/Years)

10. Inservice Monitoring methods and Intervals: _____
(Methods, Months/Years)

11. Operating Limitations (if applicable):

I _____ certify that to the best of my knowledge and belief the statements in this report are correct and that the information, data, and identification numbers are correct and in accordance with provisions of the National Board Inspection Code, Part 2, 4.4. Applicable documentation is attached to support this assessment.

Owner Name _____
(Printed)

Signature _____
(Owner)

Organization Performing Assessment _____
(Name)

Signature _____ Date _____
(Responsible Engineer)

Verified By _____ Employer _____
(Inspector, Printed)

Signature _____ Date _____
(Inspector)

NB Commission # _____
(National Board & Jurisdiction Number)