

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY/DIVISION OF INDUSTRIAL RELATIONS
MINE SAFETY AND TRAINING SECTION
1886 COLLEGE PARKWAY, SUITE 120
CARSON CITY, NV 89706
Phone: (775) 684-7085
Email: mines@dir.nv.gov Web Page: dir.nv.gov/MSATS/Home/

NOTIFICATION OF INSTALLATION OF BOILER OR PRESSURE VESSEL

A contractor must notify the Mine Safety and Training Section prior to installing a boiler or pressure vessel on a mine site in the State of Nevada.

***The following provisions must be met:**

- 1.)The boiler or pressure vessel must be constructed in a manner which meets the standards of this State.
- 2.)A boiler or pressure vessel having the standard stamping of another state that has adopted a standard of construction equivalent to the standard of this state, the ASME or the National Board, may be accepted.
- 3.)The contractor files with the notification, the **National Board Manufacturer's Data Report** covering the construction/installation of the boiler or pressure vessel and a **layout of the boiler room indicating location of the boiler and/or pressure vessel**, showing clearances surrounding the object(s).
- 4.)The installer holds a current contractor's license issued pursuant to Chapter 624 of NRS, which authorizes that contractor to install boilers and/or pressure vessels.

OWNER OR USER _____ PHONE _____
MAILING ADDRESS _____
INSTALLATION LOCATION _____
TENTATIVE INSTALLATION DATE _____ TENTATIVE START UP DATE _____

DOES OWNER/USER CARRY BOILER/PRESSURE VESSEL INSURANCE? YES NO
IF YES, WHAT IS THE NAME OF THE INSURANCE CARRIER (NOT AGENT=S NAME):

IS THIS OBJECT REPLACING AN EXISTING OBJECT? YES NO

IF YES, IDENTIFY OBJECT BEING REPLACED

<u>Vessel Description</u> <u>Boiler/Pressure Vessel</u>	<u>Manufacturer's</u> <u>Name</u>	<u>ID Number</u> <u>Serial/ASME/NB</u>	<u>Size</u> <u>Heat. Surf/Dia.</u>	<u>Pressure</u> <u>Lb./PSI</u>

IMPORTANT

NATIONAL BOARD MANUFACTURER=S DATA REPORT AND A DRAWING OF THE BOILER ROOM LAYOUT FOR CLEARANCES MUST ACCOMPANY THIS NOTIFICATION

Name of Contractor (Installer) _____ State Contr. Lic. No.: _____
Complete Mailing Address _____
City _____ State _____ Zip _____
Signature _____ Title _____
Telephone: _____ Fax: _____ Date: _____