

# ARISE Incorporated

## Unfired Pressure Vessel Report of Inspection

Date Inspected <b>10/30/2024</b>		Cert. Exp Date <b>08/08/2027</b>		Certificate Posted <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner No.		Jurisdiction Number <b>AR0101868</b>		Nat'l Bd. No. <b>229656</b>		Other No.	
Owner <b>United Parcel Service/Hub</b>						Nature of Business <b>Courier Services Except by Air</b>				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 <b>5501 Fourche Dam Pike</b>						Owner City <b>Little Rock</b>				State <b>AR</b>		Zip <b>72206-2615</b>	
User Name - Object Location <b>United Parcel Service/Hub</b>						Specific Location in Plant <b>NW Corner of Plant</b>				Object Location - County <b>Pulaski</b>			
User Street Address <b>5501 Fourche Dam Pike</b>						User City <b>Little Rock</b>				State <b>AR</b>		Zip <b>72206-2615</b>	
Type <b>Air</b>				Year Built <b>2012</b>		Manufacturer <b>Morganton</b>							
Use <b>Unfired</b>						Size <b>24 x 60 (in x in)</b>				Pressure Gage Tested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Pressure Allowed <b>200</b> psi		This Inspection <b>200</b> psi		Prev. Inspection <b>200</b> psi		Safety Relief Valves Set At <b>200</b> psi		Total Capacity <b>68 CFM</b>		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 <input checked="" type="checkbox"/> No              PSI      DATE					
<b>CONDITIONS:</b> 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.													
<b>REQUIREMENTS:</b> (List of Code Violations)													
Name and Title of Person to Whom Requirements Were Explained Leah West													
<b>I HEREBY CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION</b> <i>Kenneth Watson</i>													
Inspector Name				Ident. No.				Employed By				Ident. No.	
Kenneth Watson				AR-1582 NB-9360				ARISE Incorporated				ARIS	