NOVA SCOTIA
Labour and Advanced Education

PO Box 697, 5151 Terminal Rd.
Halifax, Nova Scotia
B3J 2T8

Installation Report For Cast Iron Sectional Boilers

Manufacturer:_____

Boiler Model No:_____

Serial No:_____

CRN:_____

Provincial Identification No. (if any): _____

Located at:_____

This is to certify that the above-mentioned completed unit has been subjected to a hydrostatic test of _____ kPa / Psi as per the requirements of the ASME Code Section IV, and that this test was satisfactory, with no apparent defects observed.

Signed: _____

Company: _____

Inspector: _____ NS#_____ Date: _____