

Labour and Advanced Education

Boilers and Pressure Vessels Repair / Alteration Report

| | Scotia Identification No | | | | Page 1 of 2 | | |
|----------|--|------------------|---------------|-------------|-------------|--|--|
| l. | Name of Company Performing Repair/Alter | ration | | | | | |
| | Address | | | | | | |
| 2. | Name of Owner | | | | | | |
| | Address | | | | | | |
| | Location of Installation | | | | | | |
| 3. | Type of Vessel | | | | | | |
| 4. | Design Pressure Shell | At | Tem | Temperature | | | |
| | Jacket / Tubeside | At | Tem | perature | | | |
| 5. 6. | When Repairs involve any of the items 5 through 10, complete as applicable: Head Material Specification Thickness Tubesheet Material Specification Thickness | | | | | | |
| '. | Shell Material Specification | | | | | | |
| . | | Tube Diameter Th | | | | | |
| | Flange Rating Standard | Fitting Rating | | | | | |
| 0. | Nozzle Material Specification and Schedule | | | | | | |
| 1. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 12 | Partial Data Reports/Affidavits have been for | urnished for | the following | narts: | | | |
| 12. | Partial Data Reports/Affidavits have been furnished for the following parts: | | | | | | |

| 13. Radiography | | | |
|--|---------------------|---------------------------|--|
| 0.7 | (Spe | ecify) | |
| 14. Other N.D.E | | | |
| | (Spe | ecify) | |
| 15. Post Weld Heat Treatment | | | |
| | (Spe | ecify) | |
| 16. Hydrostatic Test Pressure Shell | | | |
| 17. Alternative or Additional Tests | | ecify) | |
| | (Spe | ecity) | |
| 18. Company Welding Procedure Reg | istration No | | |
| Nova Scotia Welding Procedure I | Registration No | | |
| 19. Welder(s) ID: NSID# | NSID# | NSID# | NSID# |
| STATEMENT | 'TO BE MADE (| ON COMPLETION | OF WORK |
| I certify that the statements made in the requirements of the Provincial Act and | | ect and that the repair | / alteration complies with the |
| Signed | | Date | |
| For | | | |
| For(Repair /Alteration | Company) | | |
| I have inspected the repair / alteration repair / alteration has been completed | | | |
| By signing this certificate, neither the instance concerning the repair/alteration described her employer shall be liable in any manner or connected with this inspection. | in this manufacture | er's data report. Further | more, neither the inspector nor his or |
| Signed | | NS# | Date |
| Signed(Provincial Inspecto | or) | | |
| When not inspected by Provincial Insp | pector | | |
| Report Received by | | Date | e |
| Organization | | | |