

BOILERS AND PRESSURE VESSELS REPAIR AND ALTERATION REPORT

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the BC Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

B.C. ID #: _____

OWNER EQUIP. #: _____

REPAIR and/or ALTERATION Partial Final

1. Name and Address of Organization doing Repair/Alteration _____

Technical Safety BC License No. & Expiry Date _____

Location of Installation _____

2. Name of Owner _____

Address _____

3. Boiler/Pressure Vessel Description _____ CRN _____

Manufacturer's Name _____ Serial No. _____

4. Design Conditions:

a) Vessel/Shellside/Boiler: Max Allowable Working Press. _____ PSI Min/Max Design Temp ____/____°F

b) Jacket/Tubeside: Max Allowable Working Press. _____ PSI Min/Max Design Temp ____/____°F

5. Description of Defects: (Location and types of deterioration that resulted in the repair/alteration): _____

6. ASME Code Edition and Addenda used for work: ASME Sect. _____ Year _____ Addenda _____

7. Repair/Alteration Description of Work. (Step by step description of repair/alteration method. Attach additional sheets as needed).

Note 1: Repair/Alteration Procedure to be accepted by Technical Safety BC Boiler Safety Officer prior to start of work.

8. Material – List any material used in repair/alteration and any base material welded on:

| Item | Material Specifications | Thick/Sch | Diameter | Item | Material Specifications | Thick/Sch | Diameter |
|------------|-------------------------|-----------|----------|-----------------|-------------------------|-----------|----------|
| Shell/Drum | | | | Heads/Ends | | | |
| Tubesheet | | | | Tubes | | | |
| Nozzles | | | | Flanges/Fitting | | Class | |

9. Welding Procedure – British Columbia Registration Number WP-_____ WPS Numbers used: _____

10. Heat Treatment: Bake Out (Temp./Time) ____/____ hr Preheat Temp. _____ Post Weld HT (Temp./Time) ____/____

11. Non Destructive Examination (Specify type and extent).

B.C. ID #: _____
OWNER EQUIP. #: _____
Tubeside/Jacket

12. Pressure Test Vessel/Boiler/Shellside _____ PSI _____ PSI
a) Hydrostatic _____ PSI _____ PSI
b) Other Test _____

13. Welded Replacement Parts: Attached are Manufacturer's Partial Data Reports or Repair/Alteration Reports properly identified and signed by authorized Inspectors for the following items of this report: (Welded parts supplied by others).

14. Responsibility Owner/Client. Identify below items that the owner/client has assumed responsibility for Note (2)

- a) Design Submission _____ b) Repair/Alteration Procedure: _____ c) Material Control _____
d) Welding Control _____ e) NDE _____ f) Heat Treatment _____ g) Pressure Test _____

Note 2: Owner/Client must have a valid B.C. Contractors License for the Scope of Work to assume responsibility for function c, d, e, f, or g.

15. REMARKS: _____

16. **CERTIFICATE OF COMPLIANCE**

We certify that the statements made in this Report are correct and that all design, material, construction and workmanship on this repair/alteration conform to the requirements of the Power Engineers, Boiler, Pressure Vessel and Refrigeration Safety Regulation:

- a) For all items except for items identified in 14: b) For items identified in 14 only:

| | |
|-------------------------------------|-------------------------------------|
| _____ | _____ |
| Repair/Alteration Organization Name | Owner/Client Organization Name |
| _____ | _____ |
| B.C. License Number and Expiry Date | B.C. License Number and Expiry Date |
| _____ | _____ |
| Signature and Date | Signature and Date |
| _____ | _____ |
| Print Name | Print Name |

17. DATE WORK WAS COMPLETED: _____

18. **CERTIFICATE OF INSPECTION**

- a) I have inspected the repairs and/or alterations described in this report. To the best of my knowledge this work has been done in accordance with the Power Engineers, Boiler, Pressure Vessel and Refrigeration Safety Regulation.
b) Technical Safety BC Boiler Safety Officer (when work is inspected by Technical Safety BC)

Technical Safety BC Boiler Safety Officer Signature and Date

Print Name

Report Received by Technical Safety BC Boiler Safety Officer _____ Date _____

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.