

Welded Boiler Repair or Alteration Report

Date: ___/___/_____

1. Work Performed

a) Type: Repair or Alteration

b) Name and address of the repair or alteration organization performing the work: _____

c) Federal employer identification number of company named in (b): _____

d) Purchase Order Number, Job Number, etcetera: _____

2. Name and address of unit's owner: _____

3. Location, name and physical address where unit is installed: _____

4. Unit identification (such as boiler, piping etcetera): _____

5. Name of original manufacturer: _____

6. Identifying numbers:

a) Manufacture's serial number: _____ b) State Number: _____

b) Original National Board Number: _____

7. Year built: _____

8. Detailed description of work: Check box if separate sheet or sketch submitted.

Pressure test, if applied: _____ psi.

9. Replacement parts: You must submit the manufacturer's partial data report for each part obtained from another manufacturer. It must be properly identified and signed by your authorized inspector.

Name of part	Item number	Manufacturer's name	Identifying stamp
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Remarks:

Design Certification

I **certify** that the statements made in this report are correct.

I **also certify** that the design changes described in this report conform to the National Board of Boiler and Pressure Vessel Inspectors' Inspection Code or New York State Code Rules 4 and 14.

My organization has the American Society of Mechanical Engineers Certification of Authorization number: _____, that allows use of the required ASME Code symbol stamp: _____. It expires on: ____/____/_____.

Date: ____/____/_____ Authorized Representative **Signature:** _____

Repair or Alteration Organization: _____

Certificate of Review of Design Change

I **swear** that I have a valid *Commission* issued by the National Board of Boiler and Pressure Vessel Inspectors.

I **also swear** that I have a valid *Certificate of Competency* issued by the state or province of _____.

I am employed by _____ of the state or province of _____.

I examined the design changes described in this report on ____/____/_____.

I **certify** that to the best of my knowledge and belief the design changes described in this report comply with New York State Code Rules 4 and 14.

Note: By signing this certificate, neither I nor my employer:

- make any warranty, expressed or implied, concerning the work described in this report
- shall be liable in any manner for any personal injury, property damage or loss of any kind arising from or connected with this inspection
 - except, if I am employed by an insurance company and they issue an insurance policy for the object, then liability is limited to the terms of the policy

Date: ____/____/_____ Authorized Inspector **Signature:** _____

Commission (National Board, including endorsements, state or province and number): _____

Construction Certification

I **certify** that the statements made in this report are correct.

I **also certify** that the work on this (repair or alteration) _____ conforms to New York State Code Rules 4 and 14.

My New York State Repair Certificate of Authorization expires on ____/____/_____.

Date: ____/____/_____ Authorized Representative **Signature:** _____

Repair or Alteration Organization: _____

Certificate of Inspection

I **swear** that I have a valid *Commission* issued by the National Board of Boiler and Pressure Vessel Inspectors.

I **also swear** that I have a valid *Certificate of Competency* issued by the state or province of _____.

I am employed by _____ of the state or province of _____.

I inspected the work described in this report on ____/____/_____.

I **certify** that to the best of my knowledge and belief the work described in this report complies with New York State Code Rules 4 and 14.

Note: By signing this certificate, neither I nor my employer:

- makes any warranty, expressed or implied, concerning the work described in this report
- shall be liable in any manner for any personal injury, property damage or loss of any kind arising from or connected with this inspection
 - except if I am employed by an insurance company and they issue an insurance policy for the object, then liability is limited to the terms of the policy

Date: ____/____/_____ Authorized Inspector **Signature:** _____

Commission (National Board, including endorsements, state or province and number): _____