

APPENDIX A

The material contained in this appendix is for information purposes only. Forms SBD-7678 and SBD-7679 are referred to in ss. ILHR 41.16 and 41.23. Forms SBD-6314 and SB-5204 are referred to in s. ILHR 41.41. Copies of these forms are available from the Division of Safety and Buildings, P.O. Box 7969, Madison, Wisconsin 53707.

Forms SB-190, R-1 and NR-1 are referred to in ss. ILHR 41.56 and 42.04. Copies of form SB-190 are available from the Division of Safety and Buildings. Copies of forms R-1 and NR-1 are available from the National Board, 1055 Crupper Avenue, Columbus, Ohio 43229.

Department of Industry, Labor and
 Human Relations
 Safety and Buildings Division
 P.O. Box 7969, Madison, WI 53707
 (608) 262-1500

**PRESSURE VESSEL
 INSPECTION REPORT**

(Statutory Reference: Chgs. 101, Wis. Stats.)
 See Reverse Side For Code References

FOR DLHR USE ONLY	
FILE NUMBER	BATCH NUMBER
INS. CODE	SUM CODE
INSP FEE	DIST NO.

1	DATE INSPECTED MO YEAR	CERTIFICATE EXPIRES MO YEAR	OWNER NO.	REGISTRATION NO.	KIND OF INSPECTION IS INSPECTION	CERTIFICATE INTERNAL	SPECIAL EXTERNAL
2	OWNER				NATURE OF BUSINESS	<input type="checkbox"/> NATL. ID NO	<input type="checkbox"/> OTHER NO
3	OWNER'S STREET ADDRESS				OWNER'S CITY	STATE	ZIP CODE
4	USER'S NAME - WHERE OBJECT LOCATED				SPECIFIC LOCATION OF OBJECT		OBJECT LOCATION QUANTITY
5	USER'S STREET ADDRESS				USER'S CITY	STATE	ZIP CODE
6	TYPE <input type="checkbox"/> AIR TANK <input type="checkbox"/> OTHER			YEAR BUILT	MANUFACTURER		
7	USE <input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESS <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER			SIZE	DUR.G. CAPACITY		
8	PRESSURE ALLOWED			SAFETY VALVES	EXPLAIN IF PRESSURE CHANGED		
9	THIS INSPECTION ITENSIVE INSPECTION			SET AT	MONTH/YEAR HYDRO TEST		
10	CAN A CERTIFICATE BE ISSUED FOR THIS OBJECT? <input type="checkbox"/> YES (if modifications listed) <input type="checkbox"/> NO (explain fully below)			NEXT CERTIFICATE INSPECTION DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES DATE	
11 COMMENTS							

9 ITEM	ORDER NO.	REQUIREMENTS (List each violation)

12 COMPLIANCE DATE	PERSON'S NAME TO WHOM REQUIREMENTS WERE EXPLAINED	PERSON'S TITLE
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I CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION

INSPECTOR'S SIGNATURE	CERT. NO.	EMPLOYED BY:
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SD-767a (2-1979)

Copy Distribution: White - DLHR, Green - Inspector, Yellow - Owner

**BOILER AND PRESSURE VESSEL
INSTALLATION REGISTRATION**

Installing Contractors shall prepare this form in triplicate for each boiler or pressure vessel installed.

Distribute as follows:

WHITE:

Department of
Industry, Labor & Human Relations.

Send to: Safety & Buildings Division
Box 7909, Madison, WI 53707.

YELLOW: Send to owner. PINK: Installer's copy.

STATE OF WISCONSIN
DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS
SAFETY AND BUILDINGS DIVISION

(Complete appropriate portion)

BOILER:		
<input type="checkbox"/> POWER	<input type="checkbox"/> HEATING	<input type="checkbox"/> MINIFATURE
<input type="checkbox"/> PRESSURE VESSEL		
<input type="checkbox"/> NEW	<input type="checkbox"/> USED	

NAME OF USER OR OWNER:			LOCATION OF INSTALLATION:		
STREET ADDRESS:			WIS. REGISTRATION NO.:		NATIONAL BOARD NO.:
CITY:	STATE:	ZIP CODE:	MFR. SERIAL NO.:		OTHER NO.:
NAME OF INSTALLING CONTRACTOR:			SIGNATURE OF INSTALLER:		DATE:
STREET ADDRESS:			CITY:	STATE:	ZIP CODE:

DILHR 55 D-6314 IN. 02/81

**POWER PIPING
INSTALLATION REGISTRATION**
SSD-5204 (R. 1/82)

FORM SSD-5204

STATE OF WISCONSIN
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
SAFETY AND BUILDINGS DIVISION

Complete appropriate portion.

Installing contractor shall prepare this form in triplicate and distribute as follows:

White — Send to Dept. of Industry, Labor & Human Relations, Safety & Building Division, P.O. Box 7868, Madison, Wisconsin 53707, or City of Milwaukee, if applicable.

Yellow — Send to owner.

Pink — Retain for file.

Description of system

Name of user or owner		Location of installation			
Street Address					
City	State			Zip	
Safety valve settings—power source				Capacity	PSIG
1.			Maximum allowable pressure		
2.			Test pressure		
3.			Date tested		
Name of installing contractor		Street address	City	State	Zip

I certify this system was installed and tested in accordance with Ind. 41.58 of the Wisconsin Administrative Code.

Date installation completed	Signature of installer	Title	Date registered

State of Wisconsin
Department of Industry,
Labor and Human Relations

W E L D E D R E P A I R
R E C O R D

Safety & Buildings Division
P.O. Box 7959
Madison, Wisconsin 53707
Telephone: (608) 265-1904

Repair completed on:	Wisconsin Reg. No: _____
<input type="checkbox"/> Power Boiler <input type="checkbox"/> Heating Boiler	National Board No: _____
<input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Miniature Boiler	Serial No: _____
Manufacturer: _____	Other No: _____

WORK COMPLETED BY:		ON THE PLANT OF:	
Name:		Owner's Name:	
Street Address:		Location of Repair:	
City/Town/Village:	Zip Code:		
Repair Program No:			

Description of Repair - attach additional page if needed:
(use reverse side of this page for sketch)

Hydrostatic Test PSI _____ KMP _____
Repair made in accordance with the requirements of the Wisconsin Department of Industry,
Labor and Human Relations, Wisconsin Administrative Code Chapters 41.42.

The welding was completed by _____, who has met the test
requirements of Chapters 41.42.

Welding procedure specification: _____

Contractor rep. signature: _____ Dated: _____

I, the undersigned, have inspected the work described in this report and state that this
work, to the best of my knowledge and belief, has been done in accordance with the
requirements of Wis. Adm. Code Chapters ILHR 41-42. By signing this certificate, neither
the inspector nor his employer makes any warranty, expressed or implied, concerning the
work described in this report. Furthermore, neither the inspector nor his/her employer
shall be liable in any manner for any personal injury or property damage or a loss of any
kind arising from or connected with this inspection. The only exception is for such
liability that may be provided in an insurance policy which the inspector's insurance
company may issue for the object, and then only in accordance with terms of that policy.

Authorized Inspector Signature: _____	Cert. No: _____	Employed By: _____	Dated: _____
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SH-190(R.01/87)

WISCONSIN ADMINISTRATIVE CODE

FORM R-1, REPORT OF WELDED REPAIR OR ALTERATION as required by the provisions of the National Board Inspection Code

1. Work performed by _____ (Name of repair or alteration organization) _____ (P.O. no., job no., etc.)
 _____ (Address)

2. Owner _____ (Name)
 _____ (Address)

3. Location of installation _____ (Name)
 _____ (Address)

4. Unit Identification: _____ (Boiler, pressure vessel) Name of original manufacturer _____

5. Identifying nos.: _____ (Unit's serial no.) _____ (Original National Board no.) _____ (Jurisdiction no.) _____ (S/N) _____ (Year built)

6. Description of work: _____ (List tasks, separate sheets, or attach if necessary)

7. Remarks: Attached are Manufacturers' Partial Data Reports properly identified and signed by Authorized Inspectors for the following items of this report: _____ Pressure test, if applied _____ psi

_____ (Name of cert. item number, item name, and identifying amount)

CERTIFICATE OF COMPLIANCE

The undersigned certifies that the statements made in this report are correct and that all design, material, construction, and workmanship on this _____ (repair or alteration) conform to the National Board Inspection Code.

Certificate of Authorization no. _____ to use the _____ symbol expires _____, 19____.

Date _____, 19____ Signed _____ (Authorized Representative)

CERTIFICATE OF INSPECTION

The undersigned, holding a valid Commission issued by The National Board of Boiler and Pressure Vessel Inspectors and certificate of competency issued by the state or province of _____ and employed by _____ of _____ has inspected the work described in this data report on _____, 19____ and state that to the best of my knowledge and belief this work has been done in accordance with the National Board Inspection Code.

By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the work described in this report. Furthermore, neither the undersigned nor my employer 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 such liability as may be provided in a policy of insurance which the undersigned's insurance company may issue upon said object and then only in accordance with the terms of said policy.

Date _____, 19____ Signed _____ (Authorized Inspector) _____ (Commissions _____ (National Board and endorsement, state, prov., and no.))

This form may be obtained from The National Board of Boiler and Pressure Vessel Inspectors, 1051 Crupper Ave., Columbus, OH 43229 4-8-88 Rev. 4

FORM NR-1 REPORT OF REPAIR MODIFICATION OR INSTALLATION OF REPLACEMENT(S)
TO NUCLEAR COMPONENTS AND SYSTEMS IN NUCLEAR POWER PLANTS

1. Work performed by _____ (Name) _____ (Employer organization's P.O. no., job no., etc.)

(Address)

2. Owner _____ (Name) _____

(Address)

3. Name, address and identification of nuclear power plant _____

4. Identification of system _____

5. a. Identification of component repaired, modified or replaced _____
b. Name of manufacturer _____
c. Identifying nos. _____ (Part's serial no.) _____ (Part's ID no.) _____ (Conditional no.) _____ (Item) _____ (Star/buy)

6. Applicable section(s) _____ of ASME Code, 19 _____ edition _____ addenda _____ Code Case _____

7. Design responsibilities _____

8. Tests conducted: hydrostatic pneumatic design pressure pressure _____ psf

9. Description of work _____
(List of additional sheets or sketches is acceptable if properly identified)

10. Remarks: _____

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this report are correct and that all design, material and workmanship on this _____ (Repair, modification or replacement) conforms to the applicable section of the ASME Code.
Certificate of Authorization no. _____ to use the "NR" stamp expires _____ 19 _____
Signed _____ (Employer organization) _____ (Authorized representative) _____ (Title) _____ (State) _____ 19 _____

CERTIFICATE OF INSPECTION

I, the undersigned, holding a valid commission issued by The National Board of Boiler and Pressure Vessel Inspectors, and certificate of competency issued by the state or province of _____ and employed by _____ of _____ have inspected the repair, modification or replacement described in this report on _____ 19 _____ and state that to the best of my knowledge and belief, this repair, modification or replacement has been made or constructed in accordance with Section XI and Section III of the ASME Code and the National Board rules as defined in the publications NB-85 and NB-102, current editions. By signing this certificate, neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the repair, modification or replacement described in this report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection.
Date _____ 19 _____ Signed _____ (Authorized Inspector) _____ (Commissions) _____ (Part 84 no. (including endorsements) State or province and no. 84)

This form may be obtained from The National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Ave., Columbus, OH 43229
NB-61
Rev. 4

APPENDIX B

(EXCERPTS FROM BOILER, PRESSURE VESSEL AND
PIPING CODES AND STANDARDS)

Excerpts from the following boiler, pressure vessel and piping codes and standards are reproduced here strictly for reference: ASME Sections I, IV and VIII and ANSI/ASME B31.1. This information has been included to provide a general idea as to the requirements of these codes and standards. Users of this information must be cautioned that these excerpts do not provide complete guidelines for inspection, installation, operation and manufacturing.

Only portions of each code and standard thought to be frequently used by persons not having direct access to the complete documents have been included. It must be noted that these codes and standards change on a periodic basis as indicated in s. ILHR 41.10. Those who are bound by the rules of ch. ILHR 41 must avail themselves of the applicable code section or standards listed in s. ILHR 41.10. Refer to ch. ILHR 42 for rules applying to repairs, alterations, and miscellaneous requirements.

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