

Wisconsin Department of Industry,
Labor and Human Relations

**POWER PIPING INSTALLATION
REGISTRATION**

Safety and Buildings Division
Boiler Safety Section
P.O. Box 7969
Madison, WI 53707
(608) 266-1904

Installing contractor must prepare this document for copy distribution as follows:

- White - Send to Department of Industry, Labor and Human Relations, Safety and Buildings Division, P.O. Box 7969, Madison, WI 53707, or City of Milwaukee, if applicable.
- Yellow - Send to owner.
- Pink - Retain for file.

System Description

User or Owner's Name	Installing Contractor's Name	
Street Address	Street Address	
City, State, Zip Code	City, State, Zip Code	
Installation Designed By	Authorized Inspector	
	Employed By	
	Date Inspected	Cert. No.

Safety Valve Settings - Power Source	Capacity
1. _____	_____
2. _____	_____
3. _____	_____

PSIG

Maximum Allowable Pressure	_____
Test Pressure	_____
Date Tested	_____

I certify this system was installed and tested in accordance with ILHR 41.45 of the Wisconsin Administrative Code.

Date Installation Completed	Installer's Signature and Title	FOR DILHR USE ONLY Date Installation Registered
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SD 5724 (R 07-91)

WISCONSIN ADMINISTRATIVE CODE

Appendix A

State of Wisconsin
Department of Industry,
Labor and Human Relations

WELDED REPAIR RECORD

Safety & Buildings Division
P.O. Box 7959
Madison, Wisconsin 53707
Telephone: (608) 266-1904

Repair completed on:

- ☐ Power Boiler ☐ Heating Boiler
☐ Pressure Vessel ☐ Miniature Boiler

Manufacturer: _____

Wisconsin Reg. No: _____

National Board No: _____

Serial No:

Other No:

WORK COMPLETED BY:		IN 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 _____ HDE _____
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 takes 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: _____

SB-190(R.01/87)