

ILHR 41-42**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, Boiler Safety Section, P.O. Box 7969, Madison, Wisconsin 53707, telephone 608/266-1904.

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.

First Inspection

Department of Industry, Labor and Human Relations
 Safety and Buildings Division
 P.O. Box 7969, Madison, WI 53707
 (608) 266-1580

PRESSURE VESSEL INSPECTION REPORT

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

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

1	DATE INSPECTED: MO DAY YEAR	CERTIFICATE EXP. DATE MONTH/YEAR	OWNER NO :	REGISTRATION NO :	KIND OF INSPECTION: IS INSPECTION	<input type="checkbox"/> CERTIFICATE <input type="checkbox"/> INTERNAL	<input type="checkbox"/> SPECIAL <input type="checkbox"/> EXTERNAL
	OWNER:		NATURE OF BUSINESS:		<input type="checkbox"/> NAT'L BD. NO. <input type="checkbox"/> OTHER NO.		
2	OWNER'S STREET ADDRESS:			OWNER'S CITY:	STATE	ZIP CODE	
	USER'S NAME - WHERE OBJECT LOCATED:			SPECIFIC LOCATION OF OBJECT:		OBJECT LOCATION-COUNTY:	
3	USER'S STREET ADDRESS:			USER'S CITY:	STATE	ZIP CODE	
	TYPE: <input type="checkbox"/> AIR TANK <input type="checkbox"/> OTHER		MANUFACTURER:		CUBIC CAPACITY:		
4	USE: <input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESS <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER			SIZE:		CUBIC CAPACITY:	
	PRESSURE ALLOWED: THIS INSPECTION PREVIOUS INSPECTION		SAFETY VALVES SET AT		EXPLAIN IF PRESSURE CHANGED:		
5	CAN A CERTIFICATE BE ISSUED FOR THIS OBJECT?			MONTH/YEAR	HYDRO TEST:	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES:	
	<input type="checkbox"/> YES (If modifications, list below) <input type="checkbox"/> NO (Explain fully below)			NEXT CERTIFICATE INSPECTION DATE:	PSI	DATE	
6	COMMENTS:						

SAMPLE

9 ITEM	ORDER NO.	REQUIREMENTS (List code violations)

10 COMPLIANCE DATE:	PERSON'S NAME TO WHOM REQUIREMENTS WERE EXPLAINED:	PERSON'S TITLE:
I CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION:		
INSPECTOR SIGNATURE:	CERT. NO.:	EMPLOYED BY:

SBD-7678 (R 01/91)

Copy Distribution: White - DILHR; Green - Inspector; Yellow - Owner

FIRST INSPECTION
 INSPECTION PERIOD
 1 YR. 3 YR.
 (608) 266-1580

Department of Industry, Labor and Human Relations
BOILER-FIRED PRESSURE VESSEL
 INSPECTION REPORT

Safety and Buildings Division, P.O. Box 7969, Madison, WI 53707
 (Statutory Reference: Chap. 101, Wis. Stats. See Back For Code References)

FOR DILHR USE ONLY

FILE NUMBER	BATCH NUMBER
INS CODE	SUM CODE
INSP FEE	DIST NO

1	DATE INSPECTED: MO DAY YEAR	CERT. EXP. DATE: MONTH/YEAR	OWNER NO	REGISTRATION NO	KIND OF INSPECTION: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> SPECIAL
				IS INSPECTION <input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL	
2	OWNER:			NATURE OF BUSINESS	<input type="checkbox"/> NAT'L BD NO <input type="checkbox"/> OTHER NO
	OWNER'S STREET ADDRESS:			OWNER'S CITY	STATE: ZIP CODE
3	USER'S NAME - WHERE OBJECT LOCATED:			SPECIFIC LOCATION OF OBJECT:	OBJECT LOCATION-COUNTY:
	USER'S STREET ADDRESS			USER'S CITY:	STATE: ZIP CODE
4	TYPE: <input type="checkbox"/> FT <input type="checkbox"/> WT <input type="checkbox"/> CI <input type="checkbox"/> Other			MANUFACTURER:	
5	USE: <input type="checkbox"/> POWER <input type="checkbox"/> PROCESS <input type="checkbox"/> STEAM HTG. <input type="checkbox"/> HWH <input type="checkbox"/> OTHER			FUEL:	FIRING METHOD: HEATING SURFACE/BTU
6	PRESSURE ALLOWED:			SAFETY VALVES:	EXPLAIN IF PRESSURE CHANGED:
7	THIS INSPECTION _____ PREV. INSPECTION _____		SET AT _____ MONTH/YEAR		TOTAL CAPACITY _____
7	CAN A CERTIFICATE BE ISSUED FOR THIS OBJECT? <input type="checkbox"/> Yes (If modifications, list below) <input type="checkbox"/> NO (Explain fully below)			NEXT CERTIFICATE INSPECTION DATE:	HYDRO TEST: <input type="checkbox"/> YES <input type="checkbox"/> NO: IF YES: _____ PSI DATE: _____
8	COMMENTS:				

9	ITEM	ORDER NO.	REQUIREMENTS (List code violations)

10 COMPLIANCE DATE	PERSON'S NAME TO WHOM REQUIREMENTS WERE EXPLAINED:	PERSON'S TITLE:
I CERTIFY THIS IS A TRUE REPORT OF MY INSPECTION:		
SIGNATURE OF INSPECTOR	CERT. NO	EMPLOYED BY:

SBD-7679 (R 07/88) Copy Distribution: White - DILHR; Green - Inspector; Yellow - Owner

WISCONSIN ADMINISTRATIVE CODE

**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: Send to: Department of Industry,
Labor & Human Relations,
Safety & Buildings Division
Box 7969, 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"/> MINIATURE
<input type="checkbox"/> PRESSURE VESSEL		
<input type="checkbox"/> NEW	<input type="checkbox"/> USED	

SAMPLE

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:

SBD-6314 (R 3/85)

Wisconsin Department of Industry,
Labor and Human Relations

**Power Piping / Welded Refrigeration
Piping Installation Registration**

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

Personally identifiable information may be used for other purposes

Check type of system being installed: Power Piping Welded Refrigeration Piping

System Description: Include pipe sizes, total length of pipe welded and purpose of system (example: main steam, refrigerant etc.)

New Replacement Modification

SAMPLE

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 SIGNATURE	
	EMPLOYED BY	
	DATE INSPECTED	CERT. NO.

SAMPLE

Maximum Design Pressure Of System _____

Test Pressure Applied _____

Date Tested _____

I certify this system was installed and tested in accordance with ILHR 41.46 of the Wisconsin Administrative Code.

DATE INSTALLATION COMPLETED	INSTALLER'S SIGNATURE AND TITLE	FOR DILHR USE ONLY Date Installation Registered
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Installer must prepare this document and maintain on job site until completion of fabrication.

Upon completion distribute as follows:

- White** - Send to DILHR, Safety & Buildings Division (address above)
- Yellow** - Send to owner
- Pink** - Retain for file

SBD-5204 (R. 02/94)



WISCONSIN ADMINISTRATIVE CODE

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 7969
Madison, Wisconsin 53707
Telephone: (608) 266-1904

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:		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 _____ NDE _____

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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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) (repair 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 _____
(mfr's serial no) (Nat'l Bd no) (jurisdictional no) (other) (year built)
6. Applicable section(s) _____ of ASME Code, 19____ edition _____ addenda _____ Code Case _____
7. Design responsibilities _____
8. Tests conducted: hydrostatic pneumatic design pressure pressure _____ psi.
9. Description of work _____
(use of additional sheet(s) or sketch(es) 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 _____, 19____
(repair organization) (authorized representative) (title) (date)

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-65 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 _____ Commissions _____
(Authorized Inspector) (Nat'l Bd. no. (including endorsements) state or province and number)

This form may be obtained from The National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Ave., Columbus, OH 43229
NB-81
Rev. 4

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 _____ original manufacturer _____

5. Identifying nos.: _____ (mfr's serial no) _____ (original National Board no.) _____ (jurisdiction no) _____ (other) _____ (year built)

6. Description of work: _____ (use back, separate sheet, or sketch 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

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 _____ (repair or alteration organization) (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 (incl. endorsements), state prov., and no.)

This form may be obtained from The National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Ave., Columbus, OH 43229 NB-66 Rev. 4