

ILHR 41-42**APPENDIX A**

The material contained in this appendix is for informational purposes only. The SBD forms referred to in this code are available from the Division of Safety and Buildings, Customer Service Center, P.O. Box 7969, Madison, WI 53707, telephone 608/266-3151.

The NR-1 and R-1 forms referred to in this code are available from the National Board of Boiler and Pressure Vessel Inspectors, 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

The information you provide may be used by other government agency programs (Privacy Law, s.15.04(1)(m))

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: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> SPECIAL	
OWNER:				IS INSPECTION <input type="checkbox"/> INTERNAL <input type="checkbox"/> EXTERNAL	
OWNER'S STREET ADDRESS:				NATURE OF BUSINESS: <input type="checkbox"/> NAT'L. BD. NO. <input type="checkbox"/> OTHER NO.	
2 USER'S NAME - WHERE OBJECT LOCATED:		OWNER'S CITY:		STATE	ZIP CODE
3 USER'S STREET ADDRESS:		SPECIFIC LOCATION OF OBJECT:		OBJECT LOCATION-COUNTY:	
4 TYPE: <input type="checkbox"/> AIR TANK <input type="checkbox"/> OTHER		WEAR BUILT		MANUFACTURER:	
5 USE: <input type="checkbox"/> STORAGE <input type="checkbox"/> PROCESS <input type="checkbox"/> HEAT EXCHANGE <input type="checkbox"/> OTHER		SIZE: (Dia. and length)		CUBIC CAPACITY:	
6 PRESSURE ALLOWED:		SAFETY VALVES		EXPLAIN IF PRESSURE CHANGED:	
THIS INSPECTION _____ PREVIOUS INSPECTION _____		SET AT _____			
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:		MONTH/YEAR	HYDRO TEST: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: PSI DATE
8 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:

SBDS-7678 (R 10/94)

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

FIRST INSPECTION <input type="checkbox"/>
INSPECTION PERIOD
<input type="checkbox"/> 1 YR. <input type="checkbox"/> 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				<input type="checkbox"/> NAT'L. BD. NO. <input type="checkbox"/> OTHER NO.
2	OWNER: OWNER'S STREET ADDRESS:		NATURE OF BUSINESS		OWNER'S CITY STATE: ZIP CODE
3	USER'S NAME - WHERE OBJECT LOCATED: USER'S STREET ADDRESS		SPECIFIC LOCATION OF OBJECT: USER'S CITY:		OBJECT LOCATION-COUNTY: 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 MTG. <input type="checkbox"/> HWH <input type="checkbox"/> OTHER		FUEL:	FIRING METHOD:	HEATING SURFACE/BTU
6	PRESSURE ALLOWED: THIS INSPECTION _____ PREV. INSPECTION _____		SAFETY VALVES: SET AT _____ TOTAL CAPACITY _____		EXPLAIN IF PRESSURE CHANGED:
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:	MONTH/YEAR	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:

SBDS-7679 (R. 12/94) Copy Distribution: White - DILHR; 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: 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 checked="" 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)



DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS		SAFETY & BUILDINGS DIVISION	
CERTIFICATE OF OPERATION		P.O. Box 7969 Madison, WI 53707 Phone:	
For _____		Registration No. _____	
<small>THIS IS TO CERTIFY THAT THE EQUIPMENT DESCRIBED MEETS APPLICABLE STANDARDS OF THE WISCONSIN ADMINISTRATIVE CODE CHAPTER ILHR</small>			
ISSUED TO		FILE NUMBER	
		INSPECTING AGENCY NAME	
		AGENCY PHONE NUMBER	
		AUTHORIZED INSPECTOR	
		INSPECTION DATE	CERTIFICATION EXPIRES
ISSUED BY		_____	

SAMPLE

SBD-252 (IL 67/89)

PLEASE POST ON PREMISES

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

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]

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
SBDS-5204 (R. 02/95)

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:

- 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 _____ 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: _____

SB-190(R.01/87)

**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 _____ (repair organization) _____ (authorized representative) _____ (title) _____ (date) 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-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 _____ (Authorized Inspector) _____ (Nat'l Bd. no. (including endorsements) state or province and number) _____ Commissions _____

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.: (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: (name of part, item number, mfr's name, and identifying stamp)

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