

Comm 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 7302, 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.

**BOILER AND PRESSURE VESSEL
INSTALLATION REGISTRATION**

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

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

(Complete appropriate portion)

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.

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	

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

SBD-252 (R. 07/89)

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

Maximum Design Pressure Of System _____

Test Pressure Applied _____

Date Tested _____

SAMPLE

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: _____
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SB-190(R.01/87)

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:
Pressure test, if applied _____ psi
(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 _____ Commissions _____ (Authorized Inspector) (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