



Labour and Advanced Education

FABRICATION DATA REPORT FOR PRESSURE PIPING SYSTEMS

Field Fabrication ; Shop Fabrication ; Complete ; Partial

1. Fabricated by: _____
(Name and Address)

2. Fabricated for: _____
(Name and Address)

3. Owner and Location: _____
(Name of Owner and Location of Installation)

4. Project #: _____ Provincial Piping Design Reg. (PP #): _____

5. WPS(s): _____

6. Quality Control Program #: _____ Expiry Date: _____

7. Code: B31.1 B31.3 B31.5 B31.11 B31.12 Other: _____

8.

Line/Spool ID	Process (Air/Steam)	Design Press.	Design Temp.	Test Press.	Test Medium	Material Spec.	Diameter & Thickness	Flange Primary Rating	PWHT	% RT	Other NDE

9. Partial Fabrication Data Reports, properly identified and signed by an Inspector, have been furnished for the following items detailed in this report and are attached:

Line/Spool ID	Fabricator	Partial Data Report Number



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10. REMARKS:

11. CERTIFICATE OF COMPLIANCE

We certify the statement in this data report are correct and that the piping described in this data report was constructed in accordance with the applicable ASME Piping Code and the Nova Scotia Boiler and Pressure Equipment Regulations.

Date: _____ **Name:** _____ **By:** _____
(Fabrication Company) (Signed by Authorized Representative)

12. CERTIFICATE OF INSPECTION

I, the undersigned, employed by _____ have inspected the piping described in this piping fabrication data report and state that to the best of my knowledge and belief, the Fabricator has constructed this piping in accordance with the applicable Piping Standard or Code.

By signing this certificate, neither the inspector nor his or her employer makes any warranty, expressed or implied, concerning the piping described in this piping fabrication data report. Furthermore, neither the inspector nor his or 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.

DATE **DATE**

OWNER'S INSPECTOR **JURISDICTIONAL INSPECTOR** **PROV. / STATE NO.**