



Labour and Advanced Education

Boilers and Pressure Vessels
Repair / Alteration Report

Nova Scotia Identification No. \_\_\_\_\_

CRN \_\_\_\_\_

1. Name of Company Performing Repair/Alteration \_\_\_\_\_

Address \_\_\_\_\_

2. Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Location of Installation \_\_\_\_\_

3. Type of Vessel \_\_\_\_\_ Dia. \_\_\_\_\_ Length \_\_\_\_\_

4. Design Pressure Shell \_\_\_\_\_ At \_\_\_\_\_ Temperature

Jacket / Tubeside \_\_\_\_\_ At \_\_\_\_\_ Temperature

When Repairs involve any of the items 5 through 10, complete as applicable:

5. Head Material Specification Thickness \_\_\_\_\_

6. Tubesheet Material Specification \_\_\_\_\_ Thickness \_\_\_\_\_

7. Shell Material Specification \_\_\_\_\_ Shell Thickness \_\_\_\_\_

8. Tube Material Specification \_\_\_\_\_ Tube Diameter \_\_\_\_\_ Th \_\_\_\_\_

9. Flange Rating Standard \_\_\_\_\_ Fitting Rating \_\_\_\_\_

10. Nozzle Material Specification and Schedule \_\_\_\_\_

11. Details of Repair/Alteration (Attach repair procedure when approved)

Three horizontal lines for providing details of repair/alteration.

12. Partial Data Reports/Affidavits have been furnished for the following parts:

One horizontal line for listing parts.

13. Radiography \_\_\_\_\_  
(Specify)
14. Other N.D.E. \_\_\_\_\_  
(Specify)
15. Post Weld Heat Treatment \_\_\_\_\_  
(Specify)
16. Hydrostatic Test Pressure Shell \_\_\_\_\_ Tubes \_\_\_\_\_
17. Alternative or Additional Tests \_\_\_\_\_  
(Specify)
18. Company Welding Procedure Registration No. \_\_\_\_\_  
Nova Scotia Welding Procedure Registration No. \_\_\_\_\_
19. Welder(s) ID: NSID# \_\_\_\_\_ NSID# \_\_\_\_\_ NSID# \_\_\_\_\_ NSID# \_\_\_\_\_

### STATEMENT TO BE MADE ON COMPLETION OF WORK

I certify that the statements made in this report are correct and that the repair / alteration complies with the requirements of the Provincial Act and Regulations.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For \_\_\_\_\_  
(Repair /Alteration Company)

I have inspected the repair / alteration described above and state that to the best of my knowledge and belief the repair / alteration has been completed in accordance with the requirements of the Provincial Act and Regulations.

By signing this certificate, neither the inspector nor his or her employer makes any warranty, expressed or implied, concerning the repair/alteration described in this manufacturer's 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.

Signed \_\_\_\_\_ NS# \_\_\_\_\_ Date \_\_\_\_\_  
(Provincial Inspector)

When not inspected by Provincial Inspector

Report Received by \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_