



MANITOBA DEPARTMENT OF LABOUR AND IMMIGRAITON
MECHANICAL & ENGINEERING

BOILERS AND PRESSURE VESSELS REPAIR & ALTERATION REPORT

REPAIR

and/or

ALTERATION

OWNER EQUIP NO.: _____

Partial

Final

1. Name and Address of Organization doing Repair/Alteration _____

_____ Manitoba Quality Control Program #: _____

Location of Installation _____

2. Name of Owner _____ Address _____

3. Boiler/Pressure Vessel Description _____ CRN _____

Manufacturer's Name _____ National Board # : _____ Serial No. _____

4. Design Conditions:

a) Vessel/Shellside/Boiler: Max Allowable Working Press. _____ Min/Max Design Temp _____ / _____

b) Jacket/Tubeside: Max Allowable Working Press. _____ Min/Max Design Temp _____ / _____

5. Description of defects (location and types of deterioration that resulted in the repair/alteration). _____

6. ASME Code Edition and Addenda used for work: ASME Sect. _____ Year _____ Addenda _____

7. **Repair/Alter. Description of Work.** Step by step description of repair/alteration method, attach additional sheets as needed.

Note 1: Repair/Alteration Procedure to be accepted by the Mechanical & Engineering Design Engineer prior to start of work.

Mechanical and Engineering District Boiler/Pressure Vessel Inspector may grant a temporary approval of the above repair/alteration in an emergency condition. This shall be used only when the pressure vessel or boiler or pressure piping is required in the continued operation of the heating or processing plant. Dept. of Labour Design Engineer approval shall be acquired within two business days.

DOL Inspector _____
NAME (Please Print) SIGNATURE DATE

8. **Material** – List any material used in repair/alteration and any base material welded on:

Item	Material Spec.	Thick/ Sch	Diam	Item	Material Spec.	Thick/ Sch	Diam
Shell/Drum				Heads/Ends			
Tubesheet				Tubes			
Nozzles				Flanges/Fittings		Class	

9. **Welding Procedure** _____ Registration Number WP- _____ WPS Numbers used: _____

10. **Heat Treatment:** Bake Out (Temp. /Time) _____ / _____ Preheat Temp _____

Post Weld HT (Temp. /Time) _____ / _____

11. **Non Destructive Examination** (Specify type and extent). _____

DEPT. OF LABOUR REPAIR/ALTERATION APPROVAL # _____ OWNER EQUIP NO. _____

12. Pressure Test _____ Vessel/Boiler/Shellside _____ Tubeside/Jacket _____

a) Hydrostatic _____

b) Other Test _____

13. **Welded Replacement Parts:** Attached are Manufacturer's Partial Data Reports or Repair/Alteration Reports properly identified and signed by Authorized Inspectors for the following items of this report: (Welded parts supplied by others). _____

14. **Responsibility Owner/Client:** Identify below items that the owner/client has assumed responsibility for. **Note (2)**

a) Design Submission: _____ b) Repair/Alteration Procedure: _____ c) Material Control _____

d) Welding Control: _____ NDE _____ f) Heat Treatment: _____ g) Pressure Test _____

Note 2: Owner/client must have a valid M.B.Quality Program for the scope of work performed, to assume responsibility for function c, d, e, f, or g.

15. **REMARKS:** _____

16.

CERTIFICATE OF COMPLIANCE

We certify that the statements made in this Report are correct and that all design, material, construction and workmanship on this repair/alteration conform to the requirements of the Manitoba Steam and Pressure Plants Act and Regulations.

a) For all items except for items identified in 14:

 (Repair/Alteration Organization Name)

 (Q.C.P. Number & Expiry Date)

 (Signature & Date)

 (Print Name)

b) For items identified in 14 only:

 (Owner/Client Organization Name)

 (Q.C.P. Number & Expiry Date)

 (Signature & Date)

 (Print Name)

17. DATE WORK WAS COMPLETED: _____

18.

CERTIFICATE OF INSPECTION

I have inspected the repairs and/or alterations described in this report. To the best of my knowledge this work has been done in accordance with the Manitoba Steam and Pressure Plants Act and Regulations.

a) Repair/Alteration Organization

b)

 Company Name, Q.C.P. # & Expiry Date

 Q. C. M. Signature & Date

 Name (Please Print)

 Mechanical & Engineering Inspector, Signature & Date

 Print Name

Report Received by Department of Labour and Immigration
Mechanical & Engineering:

Date

NOTES:

Dept. of Labour Approval Stamp

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Dept. of Labour Design Engineer