GENERAL ENGINEERING REQUIREMENT FOR DESIGN AND FIELD CONSTRUCTION OF PRESSURE PLANT PIPING

Note: This form should be completed in triplicate and submitted with specifications and blueprints of designs in accordance with the Regulations.

(1) Ultimate Owner: ____________________________________________________________ (Name and Address)

(2) Engineering Firm or Contractor: ____________________________________________________ (Name and Address)

(3) Type of Plant: __________________________________________________________________________

(4) Location of Plant: _______________________________________________________________________

(5) Pressure Piping to comply with ANSI/ASME Code ____________________________________________

(6) Welding Procedure Registration Number WP ___________________________________________________________________

(7) Are all fittings suitable for the specific design service conditions?  _____   ___

☐ Yes        ☐ No

Are all fittings registered with the Department?   ______  ______  ______________

☐ Yes     ☐ No     ☐ Pending

(8) Quality Control (other than code requirements). Specify extent or degree of supplementary type of examination, for example, 100% random radiography, magnetic particle, ultrasonic, etc.

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(9) Heat Treatment _________________________________________________________________________

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(10) Pressure Testing:

Unless noted below, all piping shall be subjected to a hydrostatic test pressure of not less than 1 ½ times the design pressure.

Cold Weather & Non-Standard Testing: When conducting pressure tests at low metal temperature, the possibility of brittle failure shall be considered. It is desirable that the test liquid temperature be not less than 60°F. When cold weather testing is unavoidable, or the testing fluid is to be other than water the procedure and precautions to be followed shall be:

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(11) Construction: Tentative start date: ________________ - Completion date: ________________

(12) GENERAL REMARKS: ________________________________________________________________

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FOR DEPARTMENTAL USE ONLY

DATE: __________________ ACCEPTED BY: __________________ REGISTRATION NO. __________________