

**WELD PROCEDURE
REPAIR OF A ROUTINE NATURE
To Pressure-Retaining Equipment**

Date _____

Repair Company/Welder			Location of Vessel to be Repaired		
Company Name			Owner Company Name		
Mailing Address			Address		
City	Province/State	Postal Code/Zip	City	Telephone	Fax
Telephone	Fax	E-mail	Contact Person		

Welder Details

welder name (if different from Company Name)	Welder Symbol Number	Welder Licence Expiry Date
Manitoba Pressure Welder Licences (i.e. F3, F4, F3/F4)		

Repair Vessel Details

Type of Equipment (i.e. boiler, heat exchanger, PV, etc.)	Manufacturer	Serial Number	CRN
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Description of Work

Sketch:

For Office Use Only (stamp)

For Office Use Only

Date Received _____ Date Approved: _____