



**LABOUR AND IMMIGRATION**  
Mechanical and Engineering Branch

500-401 York Avenue  
Winnipeg MB R3C 0P8  
CANADA  
[204] 945-3373  
[204] 948-2309 Fax  
[www.gov.mb.ca/labour/safety](http://www.gov.mb.ca/labour/safety)

**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 \_\_\_\_\_