



the pressure equipment safety authority

BOILERS AND PRESSURE VESSELS
REPAIR OR ALTERATION REPORT

AB-40 (Side A) 2015-11

(A) #: _____

OWNER EQUIP. NO: _____

REPAIR ORG. JOB NO: _____

REPAIR []

and/or

ALTERATION []

Partial []

Final []

1. Name of Organization doing Repair/Alteration _____

Address _____ AQP No. & Expiry Date _____

2. Name of Owner _____

Address _____

Location of Installation _____

3. Boiler/Pressure Vessel Description _____ CRN _____

Manufacturer's Name _____ Serial No. _____

4. Original 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. New 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 _____ / _____

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

[Empty box for description of defects]

7. Original Code Edition and Addenda ASME Sect. _____ Year _____ Addenda _____

8. Code Edition and Addenda used for performing the work ASME Sect. _____ Year _____ Addenda _____

9. Description of Work performed. (Step by step description of repair/alteration method used. Attach additional pages as required, and reference any additional documents used to provide the required information; such as repair or alteration procedures, drawings, and specifications)

[Empty box for description of work performed]

10. Heat Treatment: Preheat Temp _____ Post Weld HT (Temp./Time) _____ Other _____

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

[Empty box for non-destructive examination details]

12. Pressure Test

Vessel/Shellside/Boiler

Tubeside/Jacket

a) Hydrostatic _____

b) Other Test _____

(A) #: _____

OWNER EQUIP. NO. _____

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

Item	Material Specifications	Thickness / Schedule	Diameter	Item	Material Specifications	Thickness / Schedule	Diameter
Shell/Drums				Heads/ Ends			
Tubesheet				Tubes			
Nozzles				Flanges/Fittings		Class	

14. **Welding Procedures** – Alberta Registration Number WP- _____ WPS Numbers used: _____

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

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

- a) Alteration Design Submission _____
- b) Repair/Alteration Procedure: _____
- c) Material Control _____
- d) Welding Control _____
- e) NDE _____
- f) Heat Treatment _____
- g) Pressure Test _____

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

17. **REMARKS:**

18. **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 Alberta Safety Codes Act and Regulations and the AB-513.

a) For all items except for items identified in 16:

b) For items identified in 16 only:

(Repair/Alteration Organization Name)

(AQP Number & Expiry Date)

(Signature & Date)

(Print Name)

(Owner/Client Organization Name)

(AQP Number & Expiry Date)

(Signature & Date)

(Print Name)

19. DATE WORK WAS COMPLETED: _____

20. **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 Safety Codes Act and Regulations and the requirements established in AB-513.

a) In-service Inspector (ISI) Certification

(When the repair is inspected by an ISI per the requirements established in AB-513)

b) ABSA Safety Codes Officer Certification

(When work is inspected by ABSA).

Owner-User/Inspection Company Name

AQP#

In-Service Inspector Signature & Date

In-Service Inspector Name (Please Print)

In-Service Inspector Alberta Cert #

ABSA SCO Signature & Date

Print Name

Report Received by ABSA SCO : _____
Print Name

ABSA SCO Signature & Date