the pressure equipment safety authority

BOILERS AND PRESSURE VESSELS REPAIR OR ALTERATION REPORT

(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):

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.):

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

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

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:

_____
(Repair/Alteration Organization Name)

_____
(AQP Number & Expiry Date)

_____
(Signature & Date)

_____
(Print Name)

b) For items identified in 16 only:

_____
(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 the AB-513.

a) In-service Inspector (ISI) Certification
(When the repair is inspected by an ISI per the requirements established in the AB-513)

Owner-User/Inspection Company Name AQP #

In-Service Inspector Signature & Date

In-Service Inspector Name (Please Print)

In-Service Inspector Alberta Cert #

b) ABSA Safety Codes Officer Certification
(When work is inspected by ABSA).

ABSA SCO Signature & Date

Print Name & Designation of Powers Number

Report Reviewed and Accepted by ABSA SCO:

Print Name & Designation of Powers Number ABSA SCO Signature & Date