



# GENERAL ENGINEERING REQUIREMENTS FOR BOILERS AND PRESSURE VESSELS REPAIR AND ALTERATION PROCEDURE

REPAIR 

or

ALTERATION 

AB-230 2011-09

1. **Name and Address of Organization** performing Repair/Alteration \_\_\_\_\_  
 \_\_\_\_\_ AQP No. & Expiry Date \_\_\_\_\_

**Location of Installation** \_\_\_\_\_

2. **Name of Owner** \_\_\_\_\_

**Address** \_\_\_\_\_

3. **Vessel Manufacturer's Name** \_\_\_\_\_ **CRN** \_\_\_\_\_

**A#:** \_\_\_\_\_ **National Board #:** \_\_\_\_\_ **Serial No.:** \_\_\_\_\_ **Owner Equip No.:** \_\_\_\_\_

4. **Original Design Conditions:**

i) Vessel/Shellside/Boiler: Max Allowable Working Press. \_\_\_\_\_ Min/Max Design Temp \_\_\_\_\_ / \_\_\_\_\_

ii) Tubeside: Max Allowable Working Press. \_\_\_\_\_ Min/Max Design Temp \_\_\_\_\_ / \_\_\_\_\_

iii) Other: Max Allowable Working Press. \_\_\_\_\_ Min/Max Design Temp \_\_\_\_\_ / \_\_\_\_\_

5. **Original ASME Code Edition and Addenda:** ASME Sec. \_\_\_\_\_ Year \_\_\_\_\_ Addenda \_\_\_\_\_

6. **Repair/Alter. Description of Work.** Step by step description of repair/alteration method. Attach additional sheets as needed. If added: Sheet # \_\_\_\_\_ thru \_\_\_\_\_ .

**Reference Drawing #:** \_\_\_\_\_

7a. **UT Report enclosed:** Yes:  No:  If no, explain: \_\_\_\_\_

7b. **Out of roundness report enclosed** (for external pressure only):  
 Yes:  No:  If no, explain: \_\_\_\_\_

8. **Heat Treatment:** Preheat Temp \_\_\_\_\_ Postweld HT (Temp./Time) \_\_\_\_\_ / \_\_\_\_\_ hr

9. **Non Destructive Examination** (Specify type and extent).  
 \_\_\_\_\_

<b>10a. Pressure Test</b>	Vessel/Boiler/Shellside	Tubeside/Other
i) Hydrostatic	_____	_____
ii) Other Test	_____	_____

10b. **Test procedure enclosed:** Yes:  No:  If no, explain: \_\_\_\_\_

11 **ADDITIONAL REMARKS/COMMENTS:** \_\_\_\_\_

12. Anticipated completion date: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**For ABSA use only: Repair / Alteration Procedure accepted**

**CRN:** \_\_\_\_\_ **A#:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Supplemental Sheets:**

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**CRN:** \_\_\_\_\_ **A#:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information you provide is necessary only for the administration of the programs as required by the Alberta Safety Codes Act and Regulations in the Boiler Discipline.