ATTENTION

UPON COMPLETION OF THIS INSTALLATION OF PRESSURE PIPING, THE SYSTEM SHALL BE INSPECTED BY THE OWNER, OR HIS DESIGNATED REPRESENTATIVE. THE ATTACHED FORM SHALL BE COMPLETED AND SIGNED BY THE INSTALLER, AND AFTER INSPECTION THE OWNER OR HIS REPRESENTATIVE, AND THE INSPECTOR OR THE AUTHORIZED INSPECTOR (IF REQUIRED) SHALL SIGN.

All examinations, inspections, and testing shall be performed in accordance with chapter VI of ANSI B31.1 with regard to frequency and manner. **THE OWNER SHALL BE RESPONSIBLE FOR ALL EXAMINATIONS AND INSPECTIONS HIMSELF.**

The examinations and inspections shall be performed by an Inspector acceptable to the owner or by an Authorized Inspector (if required) as defined in Chapter 1, Subchapter 3, of these rules and regulations. Verification must be reported to the Boiler Inspection Division after the work is completed and prior to the installation becoming operational.

Please return completed form to:

BOILER INSPECTION DIVISION
10421 WEST MARKHAM
LITTLE ROCK, ARKANSAS 72205

NOTE:

**SHOULD THE STATE FURNISH AN AUTHORIZED INSPECTOR IN ORDER TO COMPLETE THE REQUIRED INSPECTIONS, AN INSPECTION FEE, IN THE AMOUNT OF FOUR HUNDRED FORTY DOLLARS ($440.00) PER DAY OR TWO HUNDRED TWENTY DOLLARS ($220.00) PER HALF DAY, PLUS EXPENSES AND MILEAGE AT THE RATES AUTHORIZED FOR EMPLOYEES OF THE DEPARTMENT WHO FURNISH THEIR OWN TRANSPORTATION, WILL BE CHARGED.**
OWNERS REPORT OF PRESSURE PIPING INSTALLATION

Owner of Location ________________________________________________
Address _________________________________________________________

Installer _________________________________________________________
Address _________________________________________________________

Installer’s Installation License No. (issued by Ark. Boiler Division) ____________

Location of Installation _____________________________________________
Address _________________________________________________________
Design conditions of piping ____________ psig ____________ Temperature

Description of Materials:

FABRICATION CHECKLIST

Materials:
1. Checked for heat numbers, manufacturer, marking, etc. Y N
2. Checked for defects and thickness Y N
3. Comments/discrepancies _______________________________________

FABRICATION:
1. Checked fit-up Y N
2. Welding procedures used _______________________________________
3. Workmanship checked and approved Y N
4. Non-destructive testing performed PT UT RT MT VISUAL
5. Hydro/Pneumatic test. Test Pressure ____________ psig

Comments: ______________________________________________________

Signatures:

_________________________  ____________________________  ________________
Inspector              Installer              Owner