

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