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 Section after the work is completed and prior to the installation becoming operational.

Please return completed form to:

ARKANSAS DEPARTMENT OF LABOR AND LICENSING
BOILER INSPECTION SECTION
900 WEST CAPITOL SUITE 400
LITTLE ROCK, ARKANSAS 72201

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

<table>
<thead>
<tr>
<th>OWNER OF LOCATION</th>
<th>PHYSICAL ADDRESS</th>
<th>MAILING ADDRESS</th>
<th>PHONE</th>
<th>EMAIL ADDRESS</th>
<th>INSTALLER ADDRESS</th>
<th>INSTALLER MAILING ADDRESS</th>
<th>INSTALLER PHONE</th>
<th>INSTALLER EMAIL</th>
<th>INSTALLER AR LICENSE #</th>
</tr>
</thead>
</table>

## INSTALLATION INFORMATION

<table>
<thead>
<tr>
<th>ADDRESS OF INSTALLATION</th>
<th>LOCATION OF INSTALLATION</th>
</tr>
</thead>
</table>

### DESIGN CONDITIONS OF PIPING

<table>
<thead>
<tr>
<th>MATERIALS</th>
<th>PISG</th>
<th>TEMPREATURE</th>
</tr>
</thead>
</table>

### FABRICATION CHECKLIST

**MATERIALS**

- CHECKED FOR HEAT #, MANUFACTURER, MARKINGS ETC.  [ ] YES  [ ] NO
- CHECKED FOR DEFECTS AND THICKNESS  [ ] YES  [ ] NO
- COMMENTS/DISCREPANCIES

**FABRICATION**

- CHECKED FIT-UP  [ ] YES  [ ] NO
- WELDING PROCEDURES USED:
  - WORKMANSHIP CHECKED AND APPROVED  [ ] YES  [ ] NO
  - NON-DESTRUCTIVE TESTING PERFORMED  [ ] PT  [ ] UT  [ ] RT  [ ] MT  [ ] VISUAL
- HYDEO/PNEUMATIC TEST  TEST PRESSURE  PSIG

### COMMENTS


### SIGNATURES:

- INSPECTOR _______________________  PRINT NAME_______________________  DATE__________
- INSTALLER _______________________  PRINT NAME_______________________  DATE__________
- OWNER ___________________________  PRINT NAME_______________________  DATE__________