

FORM R-1 REPORT OF REPAIR

in accordance with provisions of the National Board Inspection Code

1. Work performed by

(Name of Repair Organization)

(Form
RHJLVWUDW
LRQ No.)

(address)

(PO No., Job

(Address)

4. _____, NBP identification _____ Name of original manufacturer
(boiler, pressure vessel or piping)

5 Identifying nos.:

_____ (National Board No.) _____ (Jurisdiction No.) _____ (other) _____ (year built)

6. NBIC

Edition/Addenda_

(Edition)

(Addenda)

No., etc.)

2. Owner

(Address)

3. Location of installation

(Name / Section / Division) (Edition / Addenda) Construction Code Used

for Repair Performed:

(name / section / division) (edition / addenda)

7. Repair Type: Welded Graphite Pressure Equipment FRP Pressure Equipment

Form R-4, Report Supplementary Sheet is attached FFSA Form (NB-403) is attached

8. Description of work:

(use Form R-4, if necessary)

Pressure Test, if applied psi MAWP psi

1 Replacement Parts. Attached are Manufacturer's Partial Data Reports or Form R-3s properly completed for the following items _____ of this report:

2 Remarks:

(Name)

(Name)

CERTIFICATE OF COMPLIANCE

I,

, certify that to the best of my knowledge and belief the statements in this report are correct and that all material, construction, and workmanship on this Repair conforms to the *National Board Inspection Code*.

CERTIFICATE OF INSPECTION

I,

, holding a valid Commission issued by The National Board of Boiler and Pressure Vessel Inspectors and certificate of competency, where required, issued by the Jurisdiction of and employed by

of have inspected the work described in this report on

,

and state that to the best of my knowledge and belief this work complies with the applicable requirements of the *National Board Inspection Code*. By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the work described in this report. Furthermore, neither the undersigned nor my employer shall be liable in any manner for any personal injury, property damage or loss of any kind arising from or connected with this inspection.

Signed Commissions

(Address)

4. _____, tHP identification _____ Name of original manufacturer
(boiler, pressure vessel or piping)

Date ,