

Manufacturer's Data Report for Pressure Vessels

Partial

Upon shipment of a pressure vessel, this form fully and correctly filled in must be mailed, to the office of the chief inspector in the province of installation in accordance with the regulations under the Act governing the construction and installation of boilers.

TSK-1005

I. General Information

Manufactured by: _____

Address: _____
(Apt/Street) (City, Prov) (Postal Code)

Manufactured for: _____

Address: _____
(Apt/Street) (City, Prov) (Postal Code)

Ultimate Owner: _____

Address: _____
(Apt/Street) (City, Prov) (Postal Code)

Name of Install Location: _____

Address: _____
(Apt/Street) (City, Prov) (Postal Code)

II. Pressure Vessel Information

Type: _____ **Overall Length:** _____ **Year Built:** _____

Provincial Registration No. – CRN: _____ **Serial No.** _____

National Board No.: _____ **Drawing No.:** _____

The chemical and physical properties of all parts meet the requirements of material specifications of the ASME Code.

The design, construction and workmanship conform to CSA B51.

ASME: _____ **Addenda:** _____ **Division:** _____ **Code Case No.:** _____
(Sec.)

Manufacturer's partial data reports properly identified and signed by authorized inspectors have been furnished for the following items of the report, and attached to this report.

Names of Parts	Item No.	Manufacturer's Name	Identifying Stamp

II. Pressure Vessel Information (continued)

Shell

Description	Material	Thickness	Corr. Allow.	Diameter	Longitudinal Joints			P.W.H.T.		Girth Joints		Number of Courses
					Type	R.T.	Efficiency	Temp.	Time	Type	R.T.	

Heads

Description	Material	Min. Thickness	Corr. Allow	Crown Radius	Knuckle Radius	Ellipse Ratio	Conical Apex Angle	Hemisph. Radius	Flat Diameter	Side to Pressure

Removable Bolts Used (describe other fastenings)	Mat'l Spec.	Grade	Size

Pressure - Temperature

Pressure Vessel Part	Constructed for Max. Allowable Working Pressure	At Max. Temp.	Min. Temp (when less than -29°C)	Test Pressure (Hydro-Pneumatic or Combination)
		°C	°C	

Tube Section

Tubesheet	Material	Diameter	Nominal Thickness	Corr. Allow.	Attachment
Tube Material	Diameter	Nominal Thickness (gauge)	Number	Type (Straight or U)	Heating Surface

Jacket

Type of Jacket	Jacket Closure	Proof Test	Heating Surface	Sketch

Safety Valve Outlets

Number	Dimension	Location

Nozzles and Openings

Purpose	Number	Dimension	Type	Material	Nominal Thickness	Reinforcement Material	How Attached	Location

Supports

Skirt	Lugs No.	Legs No.	Other (Description)	Attached (Where & How)
<input type="radio"/> Yes <input type="radio"/> No				

Remarks (cubicle capacity)

III. Certificate of Compliance

We certify that the statements made in this data report are correct and that the said vessel has been constructed in accordance with the Provincial Registered design below and the requirements of standard CSA B51.

Provincial Registered Design: _____

Manufacturer: _____

Signature: _____ **Date:** _____
(Date – MM DD YYYY)

IV. Certificate of Shop Inspection

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by: _____ of _____ have inspected the above vessel and state that to the best of my knowledge and belief, the manufacturer has constructed the vessel in accordance with the Provincial registration CRN. _____ and the requirements of standard CSA B51.

Inspector's Name: _____

Signature: _____ **Date:** _____
(Date – MM DD YYYY)

V. Certificate of Compliance – Field Work

We certify that the field inspection of all parts of the vessel conforms with the requirements of Provincial Regulations.

Installers Name: _____

Signature: _____ **Date:** _____
(Date – MM DD YYYY)

VI. Certificate of Field Inspection

I, the undersigned, a duly authorized Boiler and Pressure Vessel Inspector employed by: _____ of _____ have inspected the items not covered by the Shop Inspection Certificate and the installation of the items and state that to the best of my knowledge and belief the construction and assembly of the items are in accordance with the Provincial Regulations.

Inspector's Name: _____

Signature: _____ **Date:** _____
(Date – MM DD YYYY)