



REPORT OF WELDED REPAIR

PLEASE PRINT OR TYPE

Work Performed by Company Address State ID No. Boiler Owner Name Address National Bd No. Location of Boiler Address Manufacturer Type (FT,WT,ETC) Manufacturer's Serial No. Other Year Built Description of Work

Remarks: Attached are Manufacturer's Data Reports properly identified and signed by a Commissioned Inspector for the following items of this report

Pressure Test PSI MAWP Test Pressure Hold Time

CERTIFICATE OF COMPLIANCE

We certify that the statements in this report are correct and that all material, construction, and workmanship on this repair conforms to the Ohio State Code.

Date repair organization (Rep.) Boiler contractor No. Welder's Name

CERTIFICATE OF INSPECTION

I, the undersigned, an Ohio Commissioned Inspector, employed by of have inspected the work described in this report on and state to the best of my knowledge and belief, this work has been done in accordance with the Ohio Boiler Inspection Code.

By signing this report, neither the inspector nor his employer makes any warranty, expressed or implied concerning the work described in this report. Furthermore, neither the inspector nor his employer shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this Inspection, except such liability as may be provided in a policy of insurance which the inspector's insurance company may issue upon request.

Date Inspector Commission No.

Bureau of Operation & Maintenance - Boilers 6606 Tussing Road Reynoldsburg, OH 43068-9009 Form Number: DIC 4302 Date Updated 2/2020

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