

The Industrial Commission of Arizona
 Division of Occupational Safety and Health
 BOILER SAFETY SECTION
 800 West Washington Street
 Phoenix AZ 85007-2922



REQUEST FOR INSPECTION OF A NON-WELD ALTERATION OR REPAIR OF A BOILER OR
 FIRED PRESSURE VESSEL

An owner, user or licensed contractor must request an Inspection prior to performing an alteration or repair of a boiler or a fired pressure vessel in the State of Arizona in accordance with R20-5-404.B, and R20-5-406.

The following provisions must be met or your request will not be accepted:

1. The boiler or fired pressure vessel must be constructed in a manner which meets the standards of the Arizona Boiler Rules: R20-5-404.
2. The owner, user or licensed contractor shall have on-site the Manufacturer's Data Report for the boiler and/or fired pressure vessel, and any other Manufacturer's manuals/documents pertinent to the contemplated alteration or repair.
3. Non-weld alterations or repairs shall be performed by an installer holding a current contractor's license issued pursuant to Chapter 10, Title 32 §32-1122 of ARS, which authorizes the licensee to perform boilers or fired pressure vessel work.
4. This Inspection Request is not for welded alterations or repairs. Alteration or repair of a boiler or fired pressure vessel involving welding shall be performed by an organization accredited by the National Board of Boiler and Pressure Vessel Inspectors as stipulated in R20-5-404B.

OWNER OR USER _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BOILER/FIRED PV LOCATION _____

CITY _____ STATE _____ ZIP CODE _____

TENTATIVE ALTERATION/REPAIR DATE _____ TENTATIVE START-UP _____

DOES OWNER/USER CARRY BOILER/PRESSURE VESSEL INSURANCE? YES NO

IF YES, WHO IS THE INSURANCE CARRIER'S NAME (NOT AGENT'S NAME) _____

PURPOSE OF ALTERATION/REPAIR:

<u>Object Description</u>	<u>Mfg's Name</u>	<u>AZ Number</u>	<u>NB Number</u>
Boiler/Wtr.Htr./FPV			
_____	_____	_____	_____

Note: above information is found on manufacturer's data plate and/or Manufacturer's Data Report

AZ: Arizona issued number, NB: National Board number

Name of Firm (Installer) _____ State Contr. Lic. No. _____

Complete Mailing Address _____

City: _____ State _____ Zip Code _____

Telephone: _____ Fax: _____ Date: _____

Contact Person/Title On-site: _____ Telephone: _____

Signature: _____ Title: _____

FOR OFFICE USE ONLY

REQUEST: Accepted _____ Date _____ Denied _____ Date _____

Signature: _____ Title _____