

**NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
 MECHANICAL INSPECTION BUREAU OF BOILER & PRESSURE VESSEL COMPLIANCE
 (MIBB&PVC)
 NEW JERSEY RECORD OF REPAIRS
 NEW JERSEY "R" NO. _____
 EXPIRATION DATE _____**

Type of Repair: Welded Mechanical
 This is to certify that the repairs made by or under the direction of the undersigned on _____ and
 consisting of: _____ (Date of repair)

DESCRIPTION OF REPAIR(S)

NJ JURISDICTION NO.	NAME OF ORIGINAL MANUFACTURER	NATIONAL BOARD NO.	YEAR BUILT
_____	_____	_____	_____

Owners Name & Location where repair was made

 (Name of owner)

 (Location)

Was made in accordance with the requirements of N.J.A.C. 12:90 & the National Board of Inspection Code (NBIC) for repairs to boilers and/or pressure vessels and the welding/mechanical repair was done by _____ who has met the requirements of the said process that was utilized in the repair. (Name of Qualified Welder)

NOTE: Draw a sketch to show the repairs on back or attach a copy.

*Hydrostatic Test is Mandatory unless an alternative NDE is approved by the MIBB&PVC.

- 1) Welding Process used for repair: _____
 2) Was Postweld Heat Treatment used? **YES** **NO** (If yes, describe method used)

 3) Was NDE Utilized? **YES** **NO** (If yes, describe method used)

- 4) What were the Hydrostatic Test pressure and temperature? _____ psig @ _____ °F.

Name of NJ Repair Firm: _____
 Signed by: _____ Title: _____ Date: _____

_____ Repair Inspector's Signature	_____ Name of Inspection Agency	_____ National Board # /New Jersey CoC #
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