



ARKANSAS DEPARTMENT OF LABOR AND LICENSING
BOILER SECTION
900 WEST CAPITOL SUITE 400
LITTLE ROCK, ARKANSAS 72201
501-682-4500 www.labor.arkansas.gov

ATTENTION

UPON COMPLETION OF THIS INSTALLATION OF PRESSURE PIPING, THE SYSTEM SHALL BE INSPECTED BY THE OWNER, OR HIS DESIGNATED REPRESENTATIVE. THE ATTACHED FORM SHALL BE COMPLETED AND SIGNED BY THE INSTALLER, AND AFTER INSPECTION THE OWNER OR HIS REPRESENTATIVE, AND THE INSPECTOR OR THE AUTHORIZED INSPECTOR (IF REQUIRED) SHALL SIGN.

All examinations, inspections, and testing shall be performed in accordance with chapter VI of ANSI B31.1 with regard to frequency and manner. **THE OWNER SHALL BE RESPONSIBLE FOR ALL EXAMINATIONS AND INSPECTIONS HIMSELF.** The examinations and inspections shall be performed by an Inspector acceptable to the owner or by an Authorized Inspector (if required) as defined in Chapter 1, Subchapter 3, of these rules and regulations. Verification must be reported to the Boiler Inspection Section after the work is completed and prior to the installation becoming operational.

Please return completed form to:

ARKANSAS DEPARTMENT OF LABOR AND LICENSING
BOILER INSPECTION SECTION
900 WEST CAPITOL SUITE 400
LITTLE ROCK, ARKANSAS 72201

NOTE:

SHOULD THE STATE FURNISH AN AUTHORIZED INSPECTOR IN ORDER TO COMPLETE THE REQUIRED INSPECTIONS, AN INSPECTION FEE, IN THE AMOUNT OF FOUR HUNDRED FORTY DOLLARS (\$440.00) PER DAY OR TWO HUNDRED TWENTY DOLLARS (\$220.00) PER HALF DAY, PLUS EXPENSES AND MILEAGE AT THE RATES AUTHORIZED FOR EMPLOYEES OF THE DEPARTMENT WHO FURNISH THEIR OWN TRANSPORTATION, WILL BE CHARGED.



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OWNERS REPORT OF PRESSURE PIPING INSTALLATION

OWNER OF LOCATION	
PHYSICAL ADDRESS	
MAILING ADDRESS	
PHONE	
EMAIL ADDRESS	
INSTALLER ADDRESS	
INSTALLER MAILING ADDRESS	
INSTALLER PHONE	
INSTALLER EMAIL	
INSTALLER AR LICENSE #	

INSTALLATION INFORMATION

ADDRESS OF INSTALLATION		
LOCATION OF INSTALLATION		
DESIGN CONDITIONS OF PIPING	PISG	TEMPREATURE

FABRICATION CHECKLIST

MATERIALS

CHECKED FOR HEAT #, MANUFACTURER, MARKINGS ETC.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
CHECKED FOR DEFECTS AND THICKNESS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
COMMENTS/DISCREPANCIES		

FABRICATION

CHECKED FIT-UP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WELDING PROCEDURES USED:		
WORKMANSHIP CHECKED AND APPROVED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
NON-DESTRUCTIVE TESTING PERFORMED	<input type="checkbox"/> PT	<input type="checkbox"/> UT <input type="checkbox"/> RT <input type="checkbox"/> MT <input type="checkbox"/> VISUAL
HYDEO/PNEUMATIC TEST	TEST PRESSURE	PSIG

COMMENTS

SIGNATURES:

INSPECTOR _____ PRINT NAME _____ DATE _____

INSTALLER _____ PRINT NAME _____ DATE _____

OWNER _____ PRINT NAME _____ DATE _____