**REPORT OF WELDED REPAIR**

**PLEASE PRINT OR TYPE**

<table>
<thead>
<tr>
<th>Work Performed by Company</th>
<th>State ID No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Boiler Owner Name</th>
<th>Address</th>
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<table>
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<tr>
<th>Location of Boiler</th>
<th>Address</th>
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<tr>
<th>Manufacturer Name</th>
<th>National Bd No.</th>
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<tr>
<th>Type (FT, WT, ETC)</th>
<th>Serial No.</th>
<th>Other</th>
<th>Year</th>
<th>Built</th>
</tr>
</thead>
</table>

**Description of Work (use back to make a sketch if necessary)**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Remarks: Attached are Manufacturer’s Data Reports properly identified and signed by a Commissioned Inspector for the following items of this report (name of part item mfg’s name and identifying stamp)

-----------------------------------------------------------------------------

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  

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Form Number: DIC 4302  

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