Wisconsin Department of Safety and Professional Services

Phone: 608-266-2112

Web: <http://dsps.wi.gov>

Email: dsps@wisconsin.gov

Division of Industry Services

PO Box 7302

Madison WI 53707-7302

A.S.M.E. B31 Piping Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Date:       | INITIAL [ ]  | REINSPECTION [ ]  | JOB #:       |
| Installing Contractor:       |
| Address:       |
| Contact Name:       | Phone:       |
| E-mail Address:       |
|  |
| Site/Owner:       |
| Location:       |
| Contact Name:       | Phone:       |
| E-mail Address:       |
|  |  |
| Refrig-R#       | Design MAWP:       @      °F | MDMT      °F @       PSI |
| HP-Steam -       Design MAWP: :       @      °F | MDMT      °F @       PSI |
| Shop Fabrication [ ]   | Field Fabrication [ ]  | Both [ ]  |
|  |
| WPS #:       | PQR #:       |

|  |  |  |  |
| --- | --- | --- | --- |
| WELDER(S) | SYMBOL | DATE | CONT. |
|       |       |       |       |
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MATERIALS:

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1. All fabrication completed in the State of Wisconsin? [ ]  Yes [ ]  No
2. Required entries SBD 5204 form completed? [ ]  Yes [ ]  No
3. Party responsible for the project design on the SBD 5204 form? [ ] Yes [ ]  No
4. That individual qualified to accept this responsibility? [ ]  Yes [ ]  No
5. Is the system or components designed for low temperature service? [ ] Yes [ ]  No [ ]  N/A
If yes has Impact testing of welds been addressed? [ ]  Yes [ ] No [ ]  N/A
6. Is piping and related valves and fittings acceptable material for design conditions? [ ]  Yes [ ]  No
7. Is installer familiar with the Code requirements for testing of the piping system? [ ]  Yes [ ]  No
8. Qualified Visual Inspector(s) and written procedure? [ ]  Yes [ ]  No