Wisconsin Department of Safety and Professional Services

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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 #: | | | | |

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| --- | --- | --- | --- |
| 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