

Power Piping Checklist A.S.M.E. B31.1
Safety and Buildings Division
Department of Safety and Professional Services

Owner:

Location:

Installing Contractor:

Address:

Contact Name: **Owner**

Contact Name: **Contractor**

Email Address:

Date:

Inspectors Name and Affiliation:

Size and Length -

Max Pressure - and Temp -

Shop Fabrication Field Fabrication Both

Circle (Yes or No)

- 1) All fabrication completed in the State of Wisconsin? Yes / No
- 2) Has the installer provided – WPS, PQR, WPQR and Continuity Record complying with the code? Yes / No
- 3) Required entries SBD-5204 form completed? Yes / No
- 4) Is the party responsible for the design of project indicated on the SBD-5204 form?
Is that individual qualified to accept this responsibility? Yes / No
- 5) Is the system or components designed for pressure and temperature service? Yes / No
- 6) Is piping and related valves and fittings acceptable material for design conditions?
and has expansion/contraction been taken into consideration? Yes / No
- 7) Is the installer familiar with the code requirements for testing of the piping system?
Yes / No