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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<th>WELDER(S)</th>
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MATERIALS:

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

(R01/17)