



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 #: _____

<u>WELDER(S)</u>	<u>SYMBOL</u>	<u>DATE</u>	<u>CONT.</u>

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

