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| Authorized Inspector: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Date: | | | | |  | | | | | | |
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| **FORM U-1A MANUFACTURER'S DATA REPORT FOR PRESSURE VESSELS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Alternative Form for Single Chamber, Completely Shop or Field Fabricated Vessels Only)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **As Required by the Provisions of the ASME Boiler and Pressure Vessel Code Rules, Section VIII, Division 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Manufactured and certified by | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Name and address of Manufacturer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Manufactured for | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | (Name and address of Purchaser) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Location of installation | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Type | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | | | | | (Horizontal or vertical, tank) | | | | | | | | | | | | | | | | | | | (Manufacturer’s serial number) | | | | | | | | | | | | | | | | | | | | | | | | (CRN) | | | | | | | | | | | | | | | | | | | (Drawing Number) | | | | | | | | | | | | | | (National Board number) | | | | | | | | | | | | | | | | | | | | | | (Year built) | |
| 1. ASME Code, Section VIII, Div. 1 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | [Edition and Addenda, if applicable (date)] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Code Case number) | | | | | | | | | | | | | | | | | | | | | | | | | [Special service per UG-120(d)] | | | | | | | | | | | | | | | | | | | |
| 1. Shell | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |
|  | | | | (Material spec. number, grade) | | | | | | | | | | | | | | | | | | | | | | | | | | (Nominal thickness) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Corr. allow.) | | | | | | | | | | | | | | | | | | (Inner diameter) | | | | | | | | | | | | | | | | | [Length (overall)] | | | | | | | | |
| **Body Flanges on Shells** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. | | | Type | | | | | | ID | | | | | | | OD | | | | | | | Flange Thk | | | | | | | | | | | | | | Min Hub Thk | | | | | | | | | | | Material | | | | | | | | | | How Attached | | | | | | | | | | | | | | | Location | | | | | | | | Bolting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Num & Size | | | | | | Bolting Material | | | | | | | | | | | | | Washer (OD, ID, thk) | | | | | | | | | | | | | Washer Material | | |
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| 1. Seams | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | | |  | | | | |  | | |  | | | | | | | |  |  | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | |  |  | | | | | | |  | | |  | | |
|  | | | | | | [Long. (welded, dbl., sngl., lap, butt)] | | | | | | | | | | | | | | | | | | | | | | | | | [R.T. (spot or full)] | | | | | | | (Eff., %) | | | | | (H.T. temp.) | | | | | | | | (Time, hr) | | | | | | | | | [Girth (welded, dbl., sngl., lap, butt)] | | | | | | | | | | | | | | | | | | | [R.T. (spot or full)] | | | | | | | | | | (Eff., %) | | | | | | | (No. of courses) | | |
| 1. Heads: (a) Material | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (b) Material | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | (Spec. no., grade) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | (Spec. no., grade) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Location (Top,  Bottom, Ends) | | | | | | | | | | | Minimum  Thickness | | | | | | | | | Corrosion  Allowance | | | | | | | | | | | | | | | | | | Crown  Radius | | | | | | | | | | | | Knuckle  Radius | | | | | | | | | | | | Elliptical  Ratio | | | | | | | | | | | | | | | Conical  Apex Angle | | | | | | Hemispherical Radius | | | | | | | | | | | | | Flat Diameter | | | | | | | | | | | Side to Pressure (Convex or Concave) | | | | | | | |
| (a) |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| (b) |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
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| **Body Flanges on Heads** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Location | | | | | | | | Type | | | | | | | | | | ID | | | | | | | OD | | | | | | | | | Flange Thk | | | | | | | | | | Min Hub Thk | | | | | | | | | Material | | | | | | | | | | | | How Attached | | | | | | | | | | | | Bolting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Num & Size | | | | | | Bolting Material | | | | | | | | | | | | | | Washer (OD, ID, thk) | | | | | | | | | | | | | Washer Material | | | |
| (a) | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| (b) | |  | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
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| 1. MAWP | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | at max. temp. | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | . |
|  | | | | | | | (Internal) | | | | | | | | | | | | | | | | | | | | | | | | | (External) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | (Internal) | | | | | | | | | | | | | | | | | | (External) | | | | | | | | | | | | | | | | | |
| Min. design metal temp. | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | at | | | | | | |  | | | | | | | | | | | | | | | . Hydro., pneu., or comb. test pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | . |
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| Proof test | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | . | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Nozzles, inspection and safety valve openings: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Purpose (Inlet, Outlet, Drain, etc.) | | | | | | | | No. | | | | | | | | | Diameter or Size | | | | | | | | | | | | Type | | | | | | | | | | | | | | Material | | | | | | | | | | | | | | | | | | | | | Nozzle Thickness | | | | | | | | | | | | | | | | | | Reinforcement Material | | | | | | | | Attachement Details | | | | | | | | | | | | | | | | | | | | | Location (Insp. Open.) | | | | |
| Nozzle | | | | | | | | | | Flange | | | | | | | | | | | Nom. | | | | | | | | | | Corr. | | | | | | | | Nozzle | | | | | | | | | | | Flange | | | | | | | | | |
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| 1. Supports: Skirt | | | | | | | | | | |  | | | | | | | | | | | | | | | Lugs | | | | | | | | | | | |  | | | | | | | | | | | | Legs | | | | | |  | | | | | | | | | | | | | | | Other | | | | | | | | |  | | | | | | | | | | | | | Attached | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | (Yes or no) | | | | | | | | | | | | | | |  | | | | | | | | | | | | (Number) | | | | | | | | | | | |  | | | | | | (Number) | | | | | | | | | | | | | | |  | | | | | | | | | (Describe) | | | | | | | | | | | | |  | | | | | | | | | | | | | (Where and how) | | | | | | | | | |
| 1. Remarks: Manufacturer´s Partial Data Reports properly identified and signed by Commissioned Inspectors have been furnished for the following | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| items of the report: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | (Name of part, item number, Manufacturer´s name and identifying stamp) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (04/14) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Authorized Inspector: | | | | | | | | | | | | | | | | | | |  | Date: | | |  | | | |
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| **FORM U-1A (Back)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CERTIFICATE OF SHOP/FIELD COMPLIANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We certify that the statements made in this report are correct and that all details of design, material, construction, and workmanship of this vessel | | | | | | | | | | | | | | | | | | | | | | | | | | |
| conform to the ASME BOILER AND PRESSURE VESSEL CODE, Section VIII, Division 1. “U” Certificate of Authorization Number | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
| expires | | |  | | | . |  | | | | | | | | | | | | | |  | | | |
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| Date | |  | | | | | |  | Co. name |  | | | | |  | | Signed |  | | | | | | |  | |
|  | |  | | | | | |  |  | (Manufacturer) | | | | |  | |  | (Representative) | | | | | | |  | |
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| **CERTIFICATE OF SHOP/FIELD INSPECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vessel constructed by | | | |  | | | | | | | | | at |  | | | | | | | | | | . | | |
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| I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors an employed by | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| have inspected the component described in this Manufacturer's Data Report on | | | | | | | | | | | |  | | | | | | | | | | , and state that, | | | | |
| to the best of my knowledge and belief, the Manufacturer has constructed this pressure vessel in accordance with ASME BOILER AND PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VESSEL CODE, Section VIII, Division 1. By signing this certificate neither the Inspector nor his/her employer makes any warranty, expressed or | | | | | | | | | | | | | | | | | | | | | | | | | | |
| implied, concerning the pressure vessel described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his/her employer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| shall be liable in any manner for any personal injury or property damage or a loss of any kind arising from or connected with this inspection. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date |  | | | | Signed | | |  | | | Commissions | | | | |  | | | | | | | | | |  |
|  |  | | | |  | | | (Authorized Inspector) | | |  | | | | | [National Board (incl. endorsements)] | | | | | | | | | |  |
| (04/14) | | | | | | | | | | | | | | | | | | | | | | | | | | |