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| Mfr. Representative: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Date: | | |  | | | |
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| **FORM U-5 MANUFACTURER’S DATA REPORT SUPPLEMENTARY SHEET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SHELL-AND-TUBE HEAT EXCHANGERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | (Name and address) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Type | |  | | | | | | | | | | | | | | |  |  | | | | | | |  | | |  | | | | | | | | | | | |
|  | | (Horizontal, vertical, or sphere)  (Mfr´s. Serial No.) | | | | | | | | | | | | | | | (Manufacturer´s serial number) | | | | | | | (CRN) | | | | | | | | | | | |
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| (Drawing number) | | | | | | | | | | | | | |  | (National Board number) | | | | | | | | | | | | | | | |  | (Year built) | | | | | | | |
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| **FIXED TUBESHEET HEAT EXCHANGERS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Condition | | | | Design/Operating Pressure  Ranges | | | | | | | | | | | | Design/Operating Metal Temperature | | | | | | | | | | | | | | | Allowable Axial  Differential Thermal  Expansion Range | | | | | | | | |
| Shell Side | | | | | | | | Tube Side | | | | Shell | | | | | Channel | Tubes | | | | | Tubesheet | | | |
| Min. | | | | Max. | | | | Min. | Max. | | | Min. | | | | Max. | | | | |
| (units) | | | | (units) | | | | (units) | (units) | | | (units) | | | | | (units) | (units) | | | | | (units) | | | | (units) | | | | (units) | | | | |
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| Certificate of Authorization: | | | | | | | Type | | | |  | | | | | | | | No. |  | | | | Expires | | | | |  | | | | | | | | | | |
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|  |  | |  | | | | | | (Manufacturer) | | | | | | | | | | | | | | | | |  | | | | (Representative) | | | | | | | | | |
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|  |  | |  | | | | | | (Authorized Inspector) | | | | | | | | | | | | | |  | | | | | | (National Board Authorized Inspector Commission number) | | | | | | | | | | |
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(07/17)