



# Ohio Department of Commerce

Division of Industrial Compliance  
Bureau of Operations and Maintenance, Boilers  
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John R. Kasich  
Governor

Jacqueline T. Williams  
Director

## REPORT OF WELDED REPAIR \_\_\_\_\_ ALTERATION \_\_\_\_\_

PLEASE PRINT OR TYPE

Work done by				State ID No
Company _____	Address _____			_____
Owner				National Bd No
Name _____	Address _____			_____
Location of				Manufacture
Installation _____	Address _____			_____
Type (CI,FB,HT,SM,ETC)	Manufacture	Other	Year	_____
_____	Serial No _____	_____	Built _____	_____
Description of Work				
(use back to make sketch if necessary)				

Remarks: Attached are Manufacture's Partial Data Reports properly identified and signed by Commissioned Inspectors for the following items of this report (name of part item mfg's name and identifying stamp)

### CERTIFICATE OF COMPLIANCE

We certify that the statements in this report are correct and that all (Design) \_\_\_\_\_ material, construction, and workmanship on this (repair/alteration) \_\_\_\_\_ Conform to the Ohio State Code.  
Date \_\_\_\_\_ (repair organization) \_\_\_\_\_ (Rep.) \_\_\_\_\_  
Certificate of Authorization No. \_\_\_\_\_ To use the \_\_\_\_\_ Symbol expires \_\_\_\_\_

### CERTIFICATE OF INSPECTION

I, the undersigned, an Ohio Commissioned Inspector, employed by \_\_\_\_\_ of \_\_\_\_\_ have inspected the work described in this Data Report on \_\_\_\_\_ and state to the best of my knowledge and belief, this work has been done in accordance with the Ohio Boiler Inspection Code.

By signing this report, neither the inspector nor his employee makes any warranty, expressed or implied concerning the work described in this Data Report. Furthermore, neither the inspector nor his employees 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, except such liability as may be provided in a policy of insurance which the inspector's insurance company may issue upon said request.

Date \_\_\_\_\_ Inspector \_\_\_\_\_ Commission No. \_\_\_\_\_