COMMONWEALTH OF VIRGINIA R1 FORM - REPORT OF WELDED REPAIR OR ALTERATION

as required by the provisions of the Boiler and Pressure Vessel Safety Act

1. Work performed by	
1. Work performed by (Name of repair or alteration organization) (P.O. no	., job no., etc.)
(Address)	
2. Owner	
(Name)	
(Address	
3. Location of installation(Name)	
(Name)	
(Address)	
4. Unit identification:Name of original mfr	
4. Unit identification:Name of original mfr (Boiler, pressure vessel)	
5. Identifying nos:	
5. Identifying nos:(Virginia no.) (orig. N.B. no.) (Mfr's serial no.)	(other) (yr.blt.)
6. Description of work:	
6. Description of work:(Use separate sheet or sketch if necessary)	
Use extra sheet of paper if description of work will exceed 6 lines Pressure test, if	f appliedpsi
7. Replacement Parts. Attached are Manufacturers' Partial Data Reports properly ide Authorized Inspectors for the following items of this report:	entified and signed by
(Name of part, item number, mfr's name and identifying stamp)	
8. Remarks:	

This form may be obtained from Department of Labor and Industry, Boiler Safety Compliance Division, Powers-Taylor Building, 13 South Thirteenth Street, Richmond, Virginia 23219 CVR1 REV 2.0

DESIGN CERTIFICATION

	0	the statements made nents of the Virginia I	•		0	nges described in this s.	
		oto					
Date,YearSignedSigned(Name of organization) (Authorized representative)							
		(Name of	f organization)	(A	uthorized re	presentative)	
		CERTIFICATE C	of review of d	ESIGN CHANG)E		
employed	by		·	_of		nwealth of Virginia and	
change co signing thi work desc personal ir may be pro	mplies with the app s certificate, neither ribed in this report. njury, property dam	blicable requirements the undersigned nor Furthermore, neither age or loss of any kin f insurance which the	of the Virginia Boil his employer make the undersigned n d arising from or co	er and Pressure \ s any warranty, e or my employer s onnected with thi	Vessel Rules expressed or shall be liab s inspection	ledge and belief such and Regulations. By implied, concerning the le in any manner for any , except such liability as pon said object and then	
Date	,Year	_ Signed	· · · · · · · · · · · · · · · · · · ·	Comn	nissions	(state,prov.,and no.)	
this(repair and alteration	the statements made conform to th	e requirements of t	prrect and that all ne Virginia Boile	r and Pressu		
Date	Date,Year Signed (Repair or alteration organization) (Authorized representa						
		(Repair or altera	ation organization)	(A	(Authorized representative)		
		CER	FIFICATE OF INS	PECTION			
employed on with the V employer i undersigne arising from	by,Year_ irginia Boiler and P makes any warranty ed nor my employe m or connected wit	and state to the second state to the second state of the second st	of	has inspecte ledge and belief y signing this cer vork described in ersonal injury, pro may be provided	d the work of this work ha tificate, neith this report. operty dama d in a policy	nwealth of Virginia and described in this report as been done in accordance her the undersigned nor my Furthermore, neither the ge or loss of any kind of insurance which the e terms of said policy.	
Date	,Year	Signed(Authorized Inspect	Co	mmissions_	(state, prov., and no.)	
		(Authorized inspect	01)		(state, prov., and no.)	