



State of Oklahoma
Department of Labor
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Melissa McLawhorn Houston
COMMISSIONER

Mary Fallin
GOVERNOR

OKLAHOMA R-2 REPORT OF WELDED REPAIRS

(MAY BE USED IN LIEU OF THE R-1 REPORT FORM FOR JURISDICTIONAL REPORTING)

Work performed by: 1.) (name and address)

OK Repair No. 2.)

Location of Vessel: 3.) (name and address)

Type of Vessel: 4.) Boiler Pressure Vessel MAWP

Manufacturer: 5.)

Identifying Numbers: 6.) Okla No. National Board No. Mfr's. Serial No. Other Year

Description of Work: 7.) (Use back, separate sheet, or sketch if necessary)

Pressure test, if applied PSI

Replacement Parts. Attached are Manufacturers' Partial Data Reports (when required) properly signed by Authorized Inspectors for the following items of this report:

8.)

(name of part, item number, mfr's. name and identifying stamp)

9.) Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10.) **CONSTRUCTION CERTIFICATION  
TO BE SUBMITTED WITHIN 30 DAYS OF COMPLETION OF REPAIR**

**The undersigned certifies that the statements made in this report are correct and that all construction and workmanship on this repair conform to the National Board Inspection Code and Jurisdictional Requirements.**

Oklahoma License no. \_\_\_\_\_ which expires \_\_\_\_\_, 20\_\_\_\_\_ .

Date \_\_\_\_\_, 20\_\_\_\_\_ Repair Organization \_\_\_\_\_

Signed \_\_\_\_\_

**Authorized Representative**

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**INSPECTOR CERTIFICATION**

*The undersigned, holding a valid Certificate of Competency issued by the State of Oklahoma and employed by \_\_\_\_\_  
\_\_\_\_\_ has inspected the work described in this report and states that to the best of my knowledge and belief this work has been  
done in accordance with the OKALHOMA BOILER & PRESSURE VESSEL SAFETY ACT OF 1982 or has given approval of this repair as one  
to be considered a repair of a routine nature on \_\_\_\_\_, 20 \_\_\_\_\_. By signing this certificate, neither the undersigned  
nor my employer shall be liable in any manner for any personal injury, property damage or 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 undersigned's insurance company may issue upon said  
object and then only in accordance with the terms of said policy.*

Date \_\_\_\_\_, 20 \_\_\_\_\_ Signed \_\_\_\_\_ Okla Cert of Comp \_\_\_\_\_

\_\_\_\_\_ Inspector