



LABOUR AND IMMIGRATION
 Mechanical and Engineering Branch

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WELD PROCEDURE
REPAIR OF A ROUTINE NATURE
To Pressure-Retaining Equipment

DATE _____

REPAIR COMPANY/WELDER			LOCATION OF VESSEL TO BE REPAIRED		
Company Name			Owner Company Name		
Mailing Address			Address		
City	Province/State	Postal Code/ZIP	City	Telephone	Fax
Telephone	Fax	E-mail	Contact Person		

Welder Details

Welder Name (if different from Company Name)	Welder Symbol Number	Welder Licence Expiry Date
Manitoba Pressure Welder Licences (i.e. F3; F4; F3/F4)		

REPAIR VESSEL DETAILS

Type of Equipment (i.e. boiler, heat exchanger, PV etc)	Manufacturer	Serial Number	CRN
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Description of Work

Sketch:

For Office Use Only (stamp)

For Office Use Only

Date Received _____

Date Approved _____