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**FORM U-2A MANUFACTURER'S PARTIAL DATA REPORT (ALTERNATIVE FORM)**  
**A Part of a Pressure Vessel Fabricated by One Manufacturer for Another Manufacturer**  
**As Required by the Provisions of the ASME Boiler and Pressure Vessel Code Rules, Section VIII, Division 1**

1. Manufactured and certified by \_\_\_\_\_  
(Name and address of Manufacturer)

2. Manufactured for \_\_\_\_\_  
(Name and address of Purchaser)

3. Location of installation \_\_\_\_\_  
(Name and address)

4. Type \_\_\_\_\_  
[Description of vessel part (shell, two-piece head, tube bundle)] (Manufacturer's serial number) (CRN)  
  
(National Board number) (Drawing number) (Drawing prepared by) (Year built)

5. ASME Code, Section VIII, Div. 1 \_\_\_\_\_  
[Edition and Addenda, if applicable (date)] (Code Case number) [Special service per UG-120(d)]

6. Shell: (a) Number of courses \_\_\_\_\_ (b) Overall length \_\_\_\_\_

Course(s)			Material		Thickness		Long. Joint (Cat. A)			Circum. Joint (Cat. A, B, & C)			Heat Treatment	
No.	Diameter	Length	Spec./Grade or Type		Nom.	Corr.	Type	Full, Spot, None	Eff.	Type	Full, Spot, None	Eff.	Temp.	Time

Body Flanges on Shells												
No.	Type	ID	OD	Flange Thk	Min Hub Thk	Material	How Attached	Location	Bolting			
									Num & Size	Bolting Material	Washer (OD, ID, Thk)	Washer Material

7. Heads: (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Material spec. number, grade or type) (H.T. — time and temp.) (Material spec. number, grade or type) (H.T. — time and temp.)

	Location (Top, Bottom, Ends)	Thickness		Radius		Elliptical Ratio	Conical Apex Angle	Hemis. Radius	Flat Diameter	Side to Pressure		Category A		
		Min.	Corr.	Crown	Knuckle					Convex	Concave	Type	Full, Spot, None	Eff.
(a)														
(b)														

Body Flanges on Heads												
	Location	Type	ID	OD	Flange Thk	Min Hub Thk	Material	How Attached	Bolting			
									Num & Size	Bolting Material	Washer (OD, ID, Thk)	Washer Material
(a)												
(b)												

8. MAWP \_\_\_\_\_ at max. temp. \_\_\_\_\_ Min. design metal temp. \_\_\_\_\_ at \_\_\_\_\_  
(Internal) (External) (Internal) (External)

9. Impact test \_\_\_\_\_ at test temperature of \_\_\_\_\_  
[Indicate yes or no and the component(s) impact tested]

10. Hydro., pneu., or comb. test pressure \_\_\_\_\_ Proof test \_\_\_\_\_

11. Nozzles, inspection, and safety valve openings:

Purpose (Inlet, Outlet, Drain, etc.)	No.	Diameter or Size	Type	Material		Nozzle Thickness		Reinforcement Material	Attachment Details		Location (Insp. Open.)
				Nozzle	Flange	Nom.	Corr.		Nozzle	Flange	

12. Identification of part(s)

Name of Part	Quantity	Line No.	Mfr's. Identification No.	Mfr's. Drawing No.	CRN	National Board No.	Year Built

13. Supports: Skirt \_\_\_\_\_ Lugs \_\_\_\_\_ Legs \_\_\_\_\_ Other \_\_\_\_\_ Attached \_\_\_\_\_  
(Yes or no) (Number) (Number) (Describe) (Where and how)

14. Remarks

**FORM U-2A**

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Manufactured by \_\_\_\_\_

Manufacturer's Serial No. \_\_\_\_\_ CRN \_\_\_\_\_ National Board No. \_\_\_\_\_

**CERTIFICATE OF SHOP/FIELD COMPLIANCE**

We certify that the statements made in this report are correct and that all details of material, construction, and workmanship of this pressure vessel part conform to the ASME BOILER AND PRESSURE VESSEL CODE, Section VIII, Division 1.

U or PRT Certificate of Authorization no. \_\_\_\_\_ Expires \_\_\_\_\_

Date \_\_\_\_\_ Name \_\_\_\_\_  
(Manufacturer) Signed \_\_\_\_\_  
(Representative)**CERTIFICATE OF SHOP/FIELD INSPECTION**

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by \_\_\_\_\_ of \_\_\_\_\_

have inspected the pressure vessel part described in this Manufacturer's Data Report on \_\_\_\_\_, and state that, to the best of my knowledge and belief, the Manufacturer has constructed this pressure vessel part in accordance with ASME BOILER AND PRESSURE VESSEL CODE, Section VIII, Division 1. By signing this certificate neither the Inspector nor his/her employer makes any warranty, expressed or implied, concerning the pressure vessel part described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his/her employer 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.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
(Authorized Inspector) Commissions \_\_\_\_\_  
(National Board Authorized Inspector Commission number)