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

7. Heads: (a) _____ (Material spec. number, grade or type) (H.T. — time and temp.) (b) _____ (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												
									Bolting			
	Location	Type	ID	OD	Flange Thk	Min Hub Thk	Material	How Attached	Num & Size	Bolting Material	Washer (OD, ID, Thk)	Washer Material
(a)												
(b)												

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

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

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 _____ (Yes or no) Lugs _____ (Number) Legs _____ (Number) Other _____ (Describe) Attached _____ (Where and how)

14. Remarks

FORM U-2A

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 VIII-1 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 the Inspector's employer makes any warranty, expressed or implied, concerning the pressure vessel part described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor the Inspector's 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)