

**FORM U-1B MANUFACTURER'S SUPPLEMENTARY
DATA REPORT FOR GRAPHITE PRESSURE VESSELS
(As Required by the Provisions of the ASME 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 _____ Use _____ Manufacturer's serial no. _____
(Horizontal, vertical) (Tank, vessel, heat exch., etc.) (Manufacturer's serial no.)

CRN no. _____ Dwg no. _____ National Board no. _____ Year built _____
(CRN) (Drawing number) (National Board number)

5. ASME Code Section VIII, Div. 1 edition/addenda _____ Code case _____
(Edition and Addenda (date)) (Code Case number)

6. Graphite components:

Item	Material Designation	Compressive Strength	Tensile Strength	CMTR No.

Certificate of Authorization: Type _____ No. _____ Expires _____

Date _____ Name _____ Signed _____

Date _____ Signed _____ Commissions and endorsements _____