



Department of Fire Services Commonwealth of Massachusetts

BOILER EXTERNAL PIPING (BEP) REPORT OF MECHANICAL REPAIR

522 CMR 2.04(2): Mechanical Repairs to Boiler External Piping Systems (BEP). Mechanical repairs to Boiler External Piping may be performed under the supervision of the Engineer in Charge. The Engineer in Charge shall record all work performed on it upon forms to be obtained from the Department. These records shall be kept on file at the location of the boiler, and shall be always accessible to the Division and Authorized Inspectors. Design requirements for mechanical repairs are to meet the original code of construction. Legible signed copies of completed forms together with attachments shall be submitted to the Department **within seven days of completion of the repair.**

FACILITY INFORMATION

1. NAME OF LOCATION: _____
2. ADDRESS OF LOCATION: _____
3. NAME OF ENGINEER IN CHARGE: _____
4. EIC LICENSE NUMBER: _____ EXPIRATION DATE: _____
5. EIC E-MAIL/PHONE NUMBER: _____

BOILER INFORMATION

6. MANUFACTURER: _____ YR BUILT: _____ MFG. SERIAL NO: _____
7. JURISDICTION NUMBER: _____ NATIONAL BOARD NUMBER: _____
8. CERTIFICATE OF INSPECTION EXPIRATION DATE: _____

WORK PERFORMED

9. REPAIR TYPE: Mechanical Replacement DATE OF REPAIR: _____
10. WORK PERFORMED BY: _____
(CONTRACTOR OR IN-HOUSE STAFF; SEE INSTRUCTIONS)
11. ORIGINAL CODE OF CONSTRUCTION FOR BOILER: _____
(NAME/SECTION/DIVISION) (EDITION/ADDENDA)
12. CONSTRUCTION CODE USED FOR REPAIR PERFORMED: _____
(NAME/SECTION/DIVISION) (EDITION/ADDENDA)
13. DESCRIPTION OF WORK:

14. REPLACEMENT PARTS: SUPPLEMENTARY SHEETS ATTACHED (SEE INSTRUCTIONS)

I certify to the best of my knowledge and belief that the statements made in this report are correct, and that all material, construction, and workmanship on this Repair conforms to the requirements of 522 CMR.

Date: _____
(DATE OF REPORT)

Signed: _____
(SIGNATURE of the ENGINEER IN CHARGE)

GUIDELINES FOR COMPLETING THE BPV-022, BOILER EXTERNAL PIPING (BEP) REPORT OF REPAIR

Please use this as a guide when completing a BEP Report of Repair. A legible signed copy of the completed form, together with any applicable attachments, shall be submitted to the Department within seven days of completion of the repair.

FACILITY INFORMATION

1. NAME OF LOCATION: As shown on Certificate of Inspection issued by the Commonwealth of Mass.
2. ADDRESS OF LOCATION: Street Address, City, Zip
3. NAME OF ENGINEER IN CHARGE: First/Last Name
4. EIC LICENSE NUMBER: Mass Engineer's License EXPIRATION DATE: Expiration Date of License
5. EIC E-MAIL/PHONE NUMBER: Contact information for Engineer in Charge

BOILER INFORMATION

6. MANUFACTURER: Manufacturer of the boiler being repaired YR BUILT: Year MFG. SERIAL NO: Serial Number
7. JURISDICTION NUMBER: Mass. Tag Number NATIONAL BOARD NUMBER: National Board Number
8. CERTIFICATE OF INSPECTION EXPIRATION DATE: As shown on the Certificate of Inspection issued by the Commonwealth of Mass.

WORK PERFORMED

9. REPAIR TYPE: Mechanical Replacement DATE OF REPAIR: Date Repair was Completed
10. WORK PERFORMED BY:
 1. CONTRACTOR: If the work was completed by a contractor, please include the name/address/phone number/license number of the contractor.
 2. IN-HOUSE STAFF: If the work was completed by an employee at the facility, please include the name/position of the person(s) who performed the repair work.
11. ORIGINAL CODE OF CONSTRUCTION FOR BOILER: Indicate the name, section, division, edition and addenda (if applicable) of the original code of construction for this boiler
12. CONSTRUCTION CODE USED FOR REPAIR PERFORMED: Indicate the name, section, division, edition and addenda (if applicable) of the construction code used for the current work being performed. If code cases are used, they shall be identified in the Description of Work, Item 13
13. DESCRIPTION OF WORK: Please provide a summary of the repair work performed
14. REPLACEMENT PARTS: Please provide a list of all parts used in this repair. Please attach sheets for all additional information related to this repair, such as the Material Test Reports (MTRs) for all materials used

Please submit completed forms by:

Email: edward.kawa@mass.gov

FAX: 978-567-3199

Mail: Department of Fire Services
Boiler & Pressure Vessel Insp. Program
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Stow, MA 01775