

RECORD OF TEST EQUIPMENT

Company Name:

Address:

The type of testing equipment to be used by this Welding Inspection Centre is identified in the columns below.

Equipment	Manufacturer	Model	I/D No.	Remarks

Reported	By:
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AUTHORIZED SIGNATURE Welding Inspection Supervisor MM / DD / YYYY

DATE

PLEASE MAIL OR FAX (905-542-1318) TO THE CWB AND RETAIN A COPY FOR YOUR FILE