

FORM U-1 MANUFACTURER'S DATA REPORT FOR PRESSURE VESSELS
As Required by the Provisions of the ASME Code Rules, Section VIII, Division 1

1. Manufactured and certified by Precision Stainless, Inc., 3300 E. Pythian, Springfield, MO 65801
(Name and address of manufacturer)
2. Manufactured for Baxter Healthcare Corporation, Hyland Div., P.O. Box 29013, Glendale CA 91201
(Name and address of purchaser)
3. Location of installation Baxter Healthcare Corporation, Hyland Division, 3334 San Fernando Road, Los Angeles, CA 90065
(Name and address)
4. Type Vertical 9820-1 -- 44820D, Rev. B 3106 1990
(Horiz. or vert., tank) (Mfr's serial No.) (CRN) (Drawing) (Mat'l. Bd. No.) (Year built)
5. The chemical and physical properties of all parts meet the requirements of material specifications of the ASME Boiler and Pressure Vessel Code. The design, construction, and workmanship conform to ASME Rules, Section VIII, Division 1 1989
Year

Addenda (date)

Code Case No.

Special service per UG-120(d)

Items 6-11 incl. to be completed for single wall vessels, jackets of jacketed vessels, or shells of heat exchangers

6. Shell: SA240 304L .0625 0 3' 0" 2' 6"
(Mat'l. Spec. No., Grade) (Nom. Thk. (in.)) (Corr. Allow. (in.)) (Diam. I.D. (ft & in.)) (Length (Overall) (ft & in.))
7. Seams: Weld Single Fillet -- 70% --
(Long. (Dbl., Sngl.)) (R.T. (Spot or Full)) (Eff. (%)) (H.T. Temp. (°F))
- Weld Single Fillet -- -- 1
(Time) (Girth (Dbl., Sngl.)) (R.T. (Spot, Partial, or Full)) (No. of Courses)

8. Heads: (a) Mat'l. SA240 304L (b) Mat'l. --
(Spec. No., Grade) (Spec. No., Grade)

Location (Top, Bottom, Ends)	Minimum Thickness	Corrosion Allowance	Crown Radius	Knuckle Radius	Elliptical Ratio	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (Convex or Concave)
(a) Bottom	.0625	0	66"	--	--	--	--	--	Concave
(b) --	--	--	<u>66"-17-10</u>	--	--	--	--	--	--

If removable, bolts used (describe other fastenings)

(Mat'l. Spec. No., Gr., Size, No.)

9. Type of Jacket Dimpled • Per UG-101, Max Test Pressure 2,700 PSI
Proof Test
10. Jacket Closure Ogee If bar, give dimensions -- if bolted, describe or sketch.
(Describe as ogee & weld, bar, etc.)
11. MAWP 100 psi at max. temp. 300 F. Min. design metal temp. -20 °F at 100 psi.
Hydro., ~~XXXXXX~~ test press. 164 psi.

Items 12 and 13 to be completed for tube sections

12. Tubesheets: Stationary Mat'l. (Spec. No., Gr.) Diam. (in.) (Subject to pressure) Nom. Thk. (in.) Corr. Allow. (in.) Attach (Welded, Bolted)
Floating Mat'l. (Spec. No., Gr.) Diam. (in.) Nom. Thk. (in.) Corr. Allow. (in.) Attach
13. Tubes: Mat'l. (Spec. No., Gr.) O.D. (in.) Nom. Thk. (in. or Gauge) Number Type (Straight or "U")

Items 14-17 incl. to be completed for inner chambers of jacketed vessels or channels of heat exchangers

14. Shell: SA240 316L .250" 0 5' 6" 4' 6"
(Mat'l. Spec. No., Grade) (Nom. Thk. (in.)) (Corr. Allow. (in.)) (Diam. I.D. (ft & in.)) (Length (Overall) (ft & in.))
15. Seams: Weld Single Butt -- 70% --
(Long. (Dbl., Sngl.)) (R.T. (Spot or Full)) (Eff. (%)) (H.T. Temp. (°F))
- Weld Single Butt -- -- 1
(Time) (Girth (Dbl., Sngl.)) (R.T. (Spot, Partial, or Full)) (No. of Courses)
16. Heads: (a) Mat'l. SA240 316L (b) Mat'l. SA240 316L
(Spec. No., Grade) (Spec. No., Grade)

Location (Top, Bottom, Ends)	Minimum Thickness	Corrosion Allowance	Crown Radius	Knuckle Radius	Elliptical Ratio	Conical Apex Angle	Hemispherical Radius	Flat Diameter	Side to Pressure (Convex or Concave)
(a) Top	.313	0	66"	5"	--	--	--	--	Concave
(b) Bottom	.313	0	66"	5"	--	--	--	--	Concave

If removable, bolts used (describe other fastenings)

(Mat'l. Spec. No., Gr., Size, No.)

17. MAWP 50 psi at max. temp. 300 °F. Min. design metal temp. -20 °F at 50 psi.
Hydro., ~~XXXXXX~~ test press. 79 psi.

Form U-1 (Back)

18. Nozzles, Inspection and Safety Valve Openings

Purpose (Inlet, Outlet, Drain, etc.)	No.	Diam. or Size	Type	Mat.	Num. Thk.	Reinforcement Mat.	How Attached	Location
Inlet	1	18"	Manway	SA-240 316L	.250	SA-240 304L .250"	Welded	Top
Inlet	1	3"	Ferrule	SA-312 316L	.175"	--	Welded	Top
Inlet	2	1-1/2"	Ferrule	SA-312 316L	.130	--	Welded	Top
Inlet	1	2-1/2"	Ferrule	SA-312 316L	.170"	--	Welded	Top
Agitator	1	6"	Pad	SA-240 316L	1.375"	--	Welded	Top
Inlet	1	1-1/2"	Ferrule	SA312 316L	.130	--	Welded	Side
Inlet	1	1-1/2"	Pipe	SA-312 304L	Sch 40	--	Welded	HTS Side
Outlet	1	1-1/2"	Pipe	SA-312 304L	Sch 40	--	Welded	HTS Bottom
Drain	1	2"	Pad	SA-240 316L	27/32"	--	Welded	Bottom

19 Supports: Skirt No Lugs -- Legs 3 Other -- Attached Bottom/Shell - Welded
(Yes or no) (No) (No) (Describe) (Where and how)

20. Remarks: Manufacturer's Partial Data Reports properly identified and signed by Commissioned Inspectors have been furnished for the following items of the report: _____
(Name of part, item number, inspector's name and identifying stamp)

1-3500 liter code vessel and HTS hydro in vertical position. Customer to install suitable relief valve in line, exempt from impact testing per UHA 51.

CERTIFICATE OF SHOP COMPLIANCE

We certify that the statements made in this report are correct and that all details of design, material, construction, and workmanship of this vessel conform to the ASME Code for Pressure Vessels, Section VIII, Division 1.

"U" Certificate of Authorization No. 24003 expires 4-6 19 92
 Date 10-17-90 Co. name Precision Stainless, Inc. Signed Douglas W. Meyer
(Manufacturer) (Representative)

CERTIFICATE OF SHOP INSPECTION

Vessel constructed by Precision Stainless, Inc. at Springfield, MO

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of Ienn. and employed by Commercial Union Insurance Co.

of Boston Mass. have inspected the pressure vessel described in this Manufacturer's Data Report on Sept. 4 19 90 and state that, to the best of my knowledge and belief, the Manufacturer has constructed this pressure vessel in accordance with ASME Code, Section VIII, Division 1. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the pressure vessel described in the Manufacturer's Data Report. Furthermore, neither the Inspector nor his 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 10-17-90 Signed Otto D. Cooper Commissions NR 8293 Ann. 2445
(Authorized Inspector) (Nat'l Board State Province and No.)

CERTIFICATE OF FIELD ASSEMBLY COMPLIANCE

We certify that the field assembly construction of all parts of this vessel conforms with the requirements of Section VIII, Division 1 of the ASME Boiler and Pressure Vessel Code.

"U" Certificate of Authorization No. _____ expires _____ 19 _____
 Date _____ Co. name _____ Signed _____
(Assembler that certified and constructed field assembly) (By Representative)

CERTIFICATE OF FIELD ASSEMBLY INSPECTION

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and/or the State or Province of _____ and employed by _____

of _____ have compared the statements in this Manufacturer's Data Report with the described pressure vessel and state that parts referred to as data items _____ not included in the certificate of shop inspection, have been inspected by me and that, to the best of my knowledge and belief, the Manufacturer has constructed and assembled this pressure vessel in accordance with ASME Code, Section VIII, Division 1. The described vessel was inspected and subjected to a hydrostatic test of _____ psi. By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the pressure vessel described in this Manufacturer's Data Report. Furthermore, neither the Inspector nor his 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 _____ Commissions _____
(Authorized Inspector) (Nat'l Board Incl endorsements) State Prov. and No.

FORM R-1 REPORT OF REPAIR

in accordance with provisions of the National Board Inspection Code

1. Work performed by	<u>CSM METAL FABRICATING & ENGINEERING</u>		<u>105</u>	
	(name of repair organization)		(Form R No.)	
	<u>1800 S. SAN PEDRO STREET LOS ANGELES, CALIFORNIA 90015</u>		<u>B-21719</u>	
	(address)		(P.O. No. Job No. etc.)	
2. Owner	<u>-Baxter Healthcare</u>			
	(name)			
	<u>-5067 W. San Fernando Rd. LA. Ca. 90039</u>			
	(address)			
3. Location of installation	<u>-5067 W. San Fernando Rd. LA. Ca. 90039</u>			
	(name)			
	(address)			
4. Unit identification	<u>-Pressure Vessel</u>	Name of original manufacturer		<u>-Precision Stainless</u>
	(boiler, pressure vessel)			
5. Identifying nos.:	<u>-9820-1</u>	<u>3106</u>	<u>-</u>	<u>1990</u>
	(mfg serial no.)	(National Board No.)	(jurisdiction no.)	(other) (year built)
6. NBIC Edition / Addenda:	<u>2007</u>			<u>2010</u>
	(edition)			(addenda)
Original Code of Construction for Item:	<u>-ASME CODE, SECTION VIII, DIVISION 1</u>		<u>1989</u>	
	(name/section/division)		(edition/addenda)	
Construction Code Used for Repair Performed:	<u>ASME SECTION VIII, DIVISION 1</u>		<u>2010</u>	
	(name/section/division)		(edition/addenda)	
7. Repair Type:	☒ Welded	☐ Graphite Pressure Equipment	☐ FRP Pressure Equipment	
8. Description of work:	<u>INSTALLED A 3" TRI CLAMP FERRULE SA479 TYPE 316S/S BY GTAW.</u>			
	(use supplemental sheet, Form R-4, if necessary)			
	<u>-PERFORMED PT EXAMINATION BEFORE, DURING AND AFTER WELDER REPAIR</u>			
	<u>-</u>			
	<u>-</u>	Pressure Test, if applied	<u>-</u>	psi. MAWP <u>-</u> psi.
9. Replacement Parts.	Attached are Manufacturer's Partial Data Reports or Form R-3s properly completed for the following items of this report:			
	<u>-</u>			
	(name of part, item number, data report type, mfr's. name and identifying stamp)			
	<u>-</u>			
	<u>-</u>			
10. Remarks:	<u>USED WPS # 18 FOR THE WELDER REPAIR</u>			
	<u>-</u>			
	<u>-</u>			

CERTIFICATE OF COMPLIANCE	
I, <u>-WADE HILTON</u> , certify that to the best of my knowledge and belief the statements in this report are correct and that all material, construction, and workmanship on this Repair conform to the National Board Inspection Code.	
National Board "R" Certificate of Authorization No. <u>R-5318</u>	expires on <u>6/15</u> , 2014
Date <u>1/31</u> , 2012	Signed <u>WADE HILTON</u>
<u>CSM METAL FABRICATING & ENGINEERING</u>	(authorized representative)
(name of repair organization)	
CERTIFICATE OF INSPECTION	
I, <u>OSCAR DIAZ</u> , holding a valid Commission issued by The National Board of Boiler and Pressure Vessel Inspectors and certificate of competency issued by the jurisdiction of <u>CA</u> and employed by <u>Hart & Co. CT</u> have inspected the work described in this report on <u>1/31</u> , 2012 and state that to the best of my knowledge and belief this work complies with the applicable requirements of the National Board Inspection Code.	
By signing this certificate, neither the undersigned nor my employer makes any warranty, expressed or implied, concerning the work described in this report. Furthermore, neither the undersigned nor my employer shall be liable in any manner for any personal injury, property damage or loss of any kind arising from or connected with this inspection.	
Date <u>1/31</u> , 2012	Signed <u>[Signature]</u>
(Inspector)	Commissions <u>NB 13630A CA 2115</u>
	(National Board and jurisdiction, and no.)