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 _____ (Horizontal, vertical) Use _____ (Tank, vessel, heat exch., etc.) Manufacturer's serial no. _____ (Manufacturer's serial no.)

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

5. ASME Code, Section VIII, Div. 1 edition/addenda _____ [Edition and Addenda (date)] Code Case _____ (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 _____
(National Board Authorized Inspector Commission number)