

Medical Gas Training Institute

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RECORD OF PERFORMING BRAZING PROCEDURE

BRAZER:		BRAZER ID:	
COMPANY:		ORIG. BPQ DATE:	

In order to retain certification, the Brazer must document that he has practiced or performed the Medical Gas Brazing Procedure at least once every (6) months. The following is an affirmation and witnessed statement of the Record of Performing Brazing Procedure as required by Section IX of the ASME Boiler and Pressure Vessel Code. Falsification will result in revocation of the credential.

DATE OF BRAZING	PROJECT NAME AND LOCATION	NAME OF WITNESS AND COMPANY	SIGNATURE OF WITNESS