



Braze Continuity Letter Directions

1. NITC's most current braze continuity letter must be used. The braze continuity letter is available on our website at Nationalitc.com or from our office.
2. The braze continuity letter must be on contractor or J.A.T.C. letterhead.
3. The braze continuity letter must be signed by a contractor or an authorized representative of the company, that witnessed the braze.
4. The braze continuity letter must have a date for the most recent brazement that is prior to the expiration date of the brazer's certification.
5. When continuity is properly submitted the brazing certification will be extended for six months from the date of the recent brazement. The date of last brazement cannot be post dated. The Continuity Form must be received after the date of most recent brazement.
6. Please refer to the completed form below as an example. Blank braze continuity letter are titled "Installer-Brazer Continuity Form" and are available under the *Medical Gas Installer Certification* section at nationalitc.com



ISO 9001:2008 Certified

Send to: NITC, 501 Shatto Place, Suite 201, Los Angeles, CA 90020 Office: (877) 457-6482 Fax: (213) 382-2501

RECORD OF CONTINUITY BRAZER QUALIFICATION FOR MEDICAL GAS & VACUUM SYSTEMS

We wish to use provision QB-322 of the ASME Section IX Boiler and Pressure Vessel Code:

Renewal of qualification of the performance qualification is required when a brazer or brazing operator has not used the **specific brazing process for a period of 6 months** or more; or when there is a specific reason to question the ability to make brazes that meet the specification.

We also wish to comply with the NFPA99 Health Care Facilities Code:

Performance qualifications of brazers shall remain in effect indefinitely, unless the brazer does not braise with the **qualified procedure for a period exceeding 6 months** or there is a specific reason to question the ability of the braze.

BRAZER NAME John Doe
BRAZER STREET ADDRESS 501 Shatto Place
CITY, STATE, AND ZIP Los Angeles, CA 90020
SOCIAL SECURITY # or CARD I.D.# XXX- 45 - 6789 / ID# 1234567
RESIDENCE PHONE (555)555-5555 CELLULAR PHONE (555)555-5555

This individual has brazed using the qualified process and specific brazing procedure listed below.

NITC BPS# **13-BPS148**

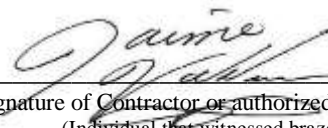
This individual has not exceeded a period of six (6) months without making a braze to this procedure and continues to demonstrate the ability to make sound brazes.

DATE OF MOST RECENT BRAZEMENT _____ (Must be on or before expiration date)

Note: This individual's braze qualification will be extended six (6) months from the date entered above.

7/15/2008 DATE OF MOST RECENT BRAZEMENT (must be on or before expiration date)
Note: Your braze certification will be extended 6 months from the date of most recent brazement. (Example the Expiration date will be 01/15/09)

Sincerely, Jaime Valdivia
Print Name of Contractor or authorized representative
(Individual that witnessed brazement)


Signature of Contractor or authorized representative
(Individual that witnessed brazement)

Executive Vice President
Title of signer

NITC
Name of Company