## Form 4: Report of Examination of Pressure Vessel

1. Name of workplace proprietor/owner: …………………………………
2. Situation and address of workplace: …………………………………………
3. Particulars of vessel:
4. Name, description and distinctive number of pressure vessel:
5. Name and address of manufacturer:
6. Nature of process in which it is used:
7. Date of installation:
8. Thickness of walls:
9. Date on which the vessel was first put into use:
10. Safe working pressure recommended by the manufacturer:
11. The history should be briefly given, and the examiner should state whether he has seen the last previous report:
12. Date of last hydraulic test (if any) and pressure applied:
13. Is the vessel in open, or otherwise exposed to weather or to damp:
14. What examination and tests were made? (specify pressure if hydraulic test was carried out.)
15. Condition of vessel (State any defects materially affecting the safe working pressure or the safe working of the vessel).

External ....................................................................................................................

Internal ......................................................................................................................

1. Are the required fittings and appliances provided in accordance with the rules of pressure vessels?
2. Are all fittings and appliances properly maintained and in good condition?
3. Repairs (if any) required, and period within which they should be executed and any other condition which the person making the examination thinks is necessary to specify for acquiring its safe working conditions
4. Safe working pressure, calculated from dimensions and from the thickness and other data ascertained by the present examination, due allowance being made for conditions of working if unusual or exceptionally severe (State minimum thickness of walls measure during the examination)
5. Where repairs affecting the safe working pressure are required, state the working pressure:
6. Before the expiration of the period;
7. After the expiration of such period if the required repairs have not been completed;
8. After the completion of the required repairs.
9. Other observations

I certify that on…….. the pressure vessel described above was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination and for such tests as were necessary for thorough examination and that on the said date, I thoroughly examined this pressure vessel including its fittings, and that the above is a true report of my examination.

Signature…………………………………..

Qualification ………………………………

Address…………………………………….

Date:……………….

If employed by a Company or Association, give name and address