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| PRESSURE RELIEF DEVICE TESTING AND INSPECTION DATA SHEET | FORM PS-12 |
| Pressure System Number: | Date:  |
| Pressure System Name: |
| Vessel Number (if Applicable): |
| Device installed directly on vessel?: \_\_Yes \_\_No | Code: |
| System Fluid: | Code Year: |
| Fluid State: | Fluid Category: |
| RELIEF DEVICE DATA |
| Device Type\_\_\_Safety Relief Valve \_\_\_\_Rupture Disk\_\_\_Other (specify) | Certification Type:\_\_\_ASME \_\_\_CE/PED\_\_\_Other (specify) |
| Manufacturer | Rated Flow Capacity: |
| Part Number | Converted Flow Capacity: |
| Serial Number | Set Pressure: |
| Set Pressure |
| Inspection/Test Interval: |
| In Service Date | Expiration Date: |
| TEST/INSPECTION DATA |
| Correct device is installed and manufacturer’s markings are legible:  | \_\_\_\_ YES | \_\_\_\_ NO |
| Field conditions reflect P&ID: | \_\_\_\_ YES | \_\_\_\_ NO |
| Tamper resistant devices are intact: | \_\_\_\_ YES | \_\_\_\_ NO |
| No flow restrictions are present (gags, blinds, closed valves, bent piping or other obstruction): | \_\_\_\_ YES | \_\_\_\_ NO |
| No unacceptable leaks including those to relief path: | \_\_\_\_ YES | \_\_\_\_ NO |
| Discharge and relief piping directed to a safe location: | \_\_\_\_ YES | \_\_\_\_ NO |
| If equipped with upstream and downstream block valves, locking handles are secured in open position: | \_\_\_\_ YES | \_\_\_\_ NO |
| Piping is properly supported and in good condition (Consider reaction forces of discharge, look for sign of fatigue, cracks, etc.): | \_\_\_\_ YES | \_\_\_\_ NO |
| Valve body drains are open: | \_\_\_\_ YES | \_\_\_\_ NO |
| Lift lever (if equipped) is positioned and functioning properly: | \_\_\_\_ YES | \_\_\_\_ NO |
| A functioning gage is installed between relief valve and rupture disk combinations | \_\_\_\_ YES | \_\_\_\_ NO |
| Non-reclosing relief is properly oriented (Check flow on rupture disks) | \_\_\_\_ YES | \_\_\_\_ NO |
| On-stream Test required:\_\_\_ Detailed Instructions only \_\_\_\_SOP/TOSPOn-stream Test passed: (Within 5% or 3psi of rated pressure)Remark valves with new test date: | \_\_\_\_ YES\_\_\_\_ YES\_\_\_\_ YES | \_\_\_\_ NO\_\_\_\_ NO\_\_\_\_ NO |
| Shop Test required:\_\_\_ Detailed Instructions only \_\_\_\_SOP/TOSPShop Test passed: (Within 5% or 3psi of rated pressure)Remark valves with new test date | \_\_\_\_ YES\_\_\_\_ YES\_\_\_\_ YES | \_\_\_\_ NO\_\_\_\_ NO\_\_\_\_ NO |
| COMMENTS: |
| Findings and general condition: |
| APPROVAL (name and signature) |
| Relief Device Acceptable for continued use: | \_\_\_YES | \_\_\_NO |
| Inspector: | Date: |
| System Owner: | Date: |