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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/TOSP  On-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/TOSP  Shop 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: | | | |