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| PRESSURE RELIEF DEVICE DATA SHEET | FORM PS-5 |
| Pressure System Number: | Date:  |
| Pressure System Name: |
| Pressure 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 |
| Inspection/Test Interval: |
| In Service Date | Expiration Date: |
| INITIAL TEST/INSPECTION DATA |
| General condition of device acceptable:  | \_\_\_\_ YES | \_\_\_\_ NO |
| Helium (vacuum) leak test required:  | \_\_\_\_ YES | \_\_\_\_ NO |
| Leak test passed:  | \_\_\_\_ YES | \_\_\_\_ NO |
| Pop test (valve only) pressure: Test pressure within 5% or 3psi of rated pressure  | \_\_\_\_ YES | \_\_\_\_ NO |
| APPROVAL (name and signature) |
| Installer: | Date: |
| Design Authority: | Date: |
| Store completed form in Pressure System File and send copy to Vessel Inspection Coordinator |