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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 | | | | | | | |