

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?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Code:	
System Fluid:	Code Year:	
Fluid State:	Fluid Category:	
RELIEF DEVICE DATA		
Device Type <input type="checkbox"/> Safety Relief Valve <input type="checkbox"/> Rupture Disk <input type="checkbox"/> Other (specify)	Certification Type: <input type="checkbox"/> ASME <input type="checkbox"/> CE/PED <input type="checkbox"/> 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:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Field conditions reflect P&ID:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tamper resistant devices are intact:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
No flow restrictions are present (gags, blinds, closed valves, bent piping or other obstruction):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
No unacceptable leaks including those to relief path:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Discharge and relief piping directed to a safe location:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If equipped with upstream and downstream block valves, locking handles are secured in open position:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Piping is properly supported and in good condition (Consider reaction forces of discharge, look for sign of fatigue, cracks, etc.):	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Valve body drains are open:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lift lever (if equipped) is positioned and functioning properly:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A functioning gage is installed between relief valve and rupture disk combinations	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non-reclosing relief is properly oriented (Check flow on rupture disks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

On-stream Test required: ___ Detailed Instructions only ___ SOP/TOSP	___ YES	___ NO
On-stream Test passed: (Within 5% or 3psi of rated pressure)	___ YES	___ NO
Remark valves with new test date:	___ YES	___ NO
Shop Test required: ___ Detailed Instructions only ___ SOP/TOSP	___ YES	___ NO
Shop Test passed: (Within 5% or 3psi of rated pressure)	___ YES	___ NO
Remark valves with new test date	___ YES	___ NO
COMMENTS:		
Findings and general condition:		
APPROVAL (name and signature)		
Relief Device Acceptable for continued use:	___ YES	___ NO
Inspector:	Date:	
System Owner:	Date:	