

Company Name: _____
Company Address: _____

Person from within your company who has overall responsibility for your pressure equipment integrity management system. (Note: the Pressure Equipment Safety Regulation (PESR), requires every owner to maintain an effective integrity management system for their pressure equipment)

Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Person from within your company who is responsible for the engineering functions.

Name: _____ **Title:** _____

Are some or all engineering services contracted? yes If yes, indicate the name(s) of engineering firm(s).

Person from within your company directly responsible for the operation and maintenance of the company's pressure equipment.

Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

List the main operating centres on the back (page two) of this form.

Records (State if the records are stored at the head office or at the field sites)

Location of Inventory Records: _____
Location of Safety Valve Records: _____
Location of Operating Procedures: _____

Name of the integrity assesment organization who is contracted to perform integrity assessments (inspections) for your company. (State "None" if a company is not assigned)

Integrity Assessment Organization: _____	AQP Number & Expiry Date: _____
Contact Name & Phone Number: _____	

Indicate the scope of services the integrity assessment organization is authorized to provide on behalf of your company. (PESR Sections 41 and 42 establish the owners responsibilities and requirements for integrity assessments)

<input type="checkbox"/> To obtain all relevant pressure equipment records from ABSA	<input type="checkbox"/> To provide pressure equipment status records to ABSA
<input type="checkbox"/> To validate and maintain an inventory of all pressure equipment assets	<input type="checkbox"/> To maintain records of PSVs and other protective devices
<input type="checkbox"/> To maintain pressure equipment records	<input type="checkbox"/> To inspect and certify pressure equipment

Person within your company who is the key contact for the integrity assessment organization.

Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Signature: _____ **Date:** _____
Name of Company Official: _____ **Title:** _____

MAIN OPERATING CENTRE(S)

Centre Name: _____
Location: _____
Key Contact person at the above location:
Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Centre Name: _____
Location: _____
Key Contact person for the above location:
Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Centre Name: _____
Location: _____
Key Contact person for the above location:
Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Centre Name: _____
Location: _____
Key Contact person for the above location:
Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Centre Name: _____
Location: _____
Key Contact person for the above location:
Name: _____ **Phone:** () _____
Title: _____ **E-mail:** _____

Form Reviewed and Accepted by ABSA SCO: _____
Print Name and Designation of Powers Number _____ ABSA SCO Signature & Date _____