# Pressure Vessel Condition Report

1. Name of Owner __________________________ Date of Report ____________
2. Address of Owner __________________________ Name of Operator ____________
3. Location of Vessel __________________________
4. Operator e-mail __________________________ Operator Phone No. ____________

## Vessel Information
5. Vessel Description (e.g.: filter, separator, dampener, etc.)
6. Manufacturer __________ Serial # ____________ A# ____________
7. Max. Allowable Working Pressure ______ kPa / psi Min/Max Design Temp _____ / °C/°F
8. Actual Working Pressure (gauge reading) ______ kPa / psi Temperature (gauge reading) _____ / °C/°F

*Please circle the units which apply for the pressures and temperatures and capacities in item 7 & 8 above.*

## External Condition & Operating Safety Devices
9. Any physical damage? (e.g.: dents, gouges, non-superficial corrosion, etc.) Yes ☐ (provide photo) No ☐
10. Any leaks on vessel, nozzles, and/or associated piping? Yes ☐ (provide photo) No ☐

## Pressure Relief Valve
11. Pressure Relieving Valve (MAWP)  
   Relieving Capacity  
   a. Relief Valve #1 _________ kPa / psi _________ lbs/hr / SCFM / kgH / USGPM  
   b. Relief Valve #2 (if applicable) _________ kPa / psi _________ lbs/hr / SCFM / kgH / USGPM  
12. Relief Valve(s) Tested and Functioning Correctly? Yes ☐ Date Last Serviced/Replaced ____________

*Please circle the units which apply for the pressures and capacities in item 11a & 11b above.*

A pressure vessel condition report may be submitted by the Owner to be accepted by the ABSA Safety Codes Officer if all of the above information is completed and the following conditions are met:

1. A review of the current operating conditions, as well as the pressure-relieving device history, has been completed, with results indicating the pressure vessel is operating safely and in good working condition.
2. This Pressure Vessel Condition Report has the consent of the Owner and appropriate operations management representative(s).
3. Blowdowns and drains are clean, clear and in good working order.
4. There are no isolating valves in pressure relief valve inlet or outlet path.
5. This pressure equipment will be monitored on the basis of the Power Engineers Regulation (if applicable) or weekly (whichever is more stringent) by a competent individual.
6. Physical evidence to be provided with this Pressure Vessel Condition Report:  
   a. Photo of Vessel Nameplate (showing the manufacturers name, serial number, etc.)  
   b. Photo of Relief Valve Nameplate (showing pressure, capacity, etc.)  
   c. Photo of Relief Valve Installation (showing overview of inlet and outlet piping)

## Declaration

I certify that the statements made in this form are correct and that all the conditions have been met. The pressure equipment is safe to operate. I declare that there have been no unauthorized repairs or alterations made to this pressure vessel.

_________________________  __________________________  __________________________
Company Name (print)  Authorized Representative Name  Signature & Date

* This report does not replace an inspection by an ABSA Safety Codes Officer. A Certificate of inspection will not be issued.

Report Reviewed and Accepted by ABSA SCO:

_________________________  __________________________
Print Name and Designation of Powers Number  ABSA SCO Signature & Date