

FORM No. 9.

*(See rule 56.)**REPORT OF EXAMINATION OF PRESSURE VESSEL*

1. Name of occupier
2. Name and address of factory
3. Name, description and distinctive number of pressure vessel.
4. Nature of process in which it is used
5. Date of construction (the history should be briefly given, and the examiner should state whether he has seen the previous report).
6. Date of last hydraulic test (if any) and pressure applied.
7. Is the vessel in the open, or otherwise exposed to weather or to damp?
8. What parts (if any) were inaccessible?
9. What examination and tests were made?
10. Condition of vessel (state any defects materially affecting the safe working pressure or the safe working of the vessel).

{	External
{	Internal
11. Are the required fittings and appliances provided in accordance with the Rules for pressure vessels?
12. Are all fittings and appliances properly maintained and in good condition?
13. Repairs (if any) required, and period within which they should be executed and any other condition which the person making the examination thinks it necessary to specify for securing safe working.

- 14. Safe working pressure, calculated from
 dimensions and from the thickness
 and other data ascertained by the
 present examination, due allowance
 being made for conditions of working
 if unusual or exceptionally severe.

- 15. Where repairs affecting the safe work-
 ing pressure are required, state the
 working pressure :—
 - (a) Before the expiration of the
 period specified in (13).

 - (b) After the expiration of such
 period if the required repairs
 have not been completed.

 - (c) After the completion of the
 required repairs.

- 16. Other observations

I certify that on.....the pressure vessel described
 above was thoroughly cleaned and (so far as its construction permits) made accessible
 for thorough examination and for such tests as were necessary for thorough examina-
 tion and that on the said date I thoroughly examined this pressure vessel, including
 its fittings, and that the above is a true report of my examination.

Signature

Qualification

Address

.....
Date

If employed by a Company or Association,
 give name and address.

