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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Owner/Operator** |  | **Report No** |  | **Report Date;**  |  |  |  |  |  |  |
| **Address** |  |  | **Next Inspection Due ↓** |  |  |  |  |  |  |
| **Date Commissioned** |  |  | (2)Vessel External: mm/yyyy(4)Vessel Int. & Ext: mm/yyyy (1)PSV Ext: (4)PSV Test:  |  |  |  |  |  |
| **Inspection**  | **Date:-**  | **Internal:- Yes / No** |  |  |  |  |  |
| **Inspector / company** |  |  |  |  |  |  |  |
| **Previous inspection Date**  |  |  |  |  |  |  |  |

 **Air Receiver**

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| --- | --- | --- | --- | --- |
| **DOM** | **Serial No** | **Contents** | **Design MPa** | **Volume** |
|  |  | Air |  |  |
| **Design App** | **Registration No** | **Hazard Level** | **Design Temperature °C** | **Corrosion Allowance** |
|  |  |  |  |  |
| **Description/ Site - Equip No** | **Location** | **Length** | **Diameter** |
|  |  |  |  |
| **Area Examined** | Satisfactory(S)Unsatisfactory(U) or N/A  | Unsatisfactory(U)**Reasons must be recorded** |
| Shell **(Stand well back from the vessel then inspect closely, particularly looking for damage and corrosion)** |  |  |
| Ends **(Stand well back from the vessel then inspect closely, particularly looking for damage and corrosion)** |  |  |
| Welded Joints **(visually check all welds especially at connections to the Receiver vessel.)**  |  |  |
| Nozzles |  |  |
| Valves & Fittings (Excluding Relief Valve/s) |  |  |
| Vessel Supports **(Check for corrosion, cracking of grouting, missing bolts, if dirt covered remove to check)** |  |  |
| Alignment of Vessel on Supports  **(if horizontal, there should be a slight slope to the drain)** |  |  |
| Associated Pipework |  |  |
| Evidence Of Excessive Vibration **(feel vessel and connecting pipework, if on-line)** |  |  |
| Evidence of Cracking **(especially at connections to receiver and connected pipework)** |  |  |
| Decals/Signs **(Air receivers should be fitted with a decal “COMPRESSED AIR” or similar or painted light blue to indicate compressed air)** |  |  |
| Data Plate (ensure that Data agrees with receiver paperwork. Inspect for corrosion under the plate) |  |  |
| Drain Valve (manual or auto) (ensure there is evidence of it having been operated and if practicable carefully open it to ensure vessel has been drained) |  |  |
| Protective Coating (condition) |  |  |
| External Corrosion (Findings are mandatory for corrosion unless Nil) |  |  |
| Pressure Gauge: (Operating pressure should be in the middle third of the range and the maximum scale must be ≥ design pressure or relief valve setting, whichever is higher.)  |  |  |
| Safety Barriers / Cage /Enclosure (protected from traffic / shielding for personnel) |  |  |
| Previous recommendations / actions completed? |  |  |
| **OTHER Areas specific to the air receiver:-** |  |  |
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| **Findings** | **Recommended Actions** |
| [ ]  The pressure gauge was not installed vertically.[ ]  A pressure gauge was not fitted. | [ ]  Install an elbow before the pressure gauge.[ ]  Install a pressure gauge vertically  |
| [ ] The data plate was close fitting and corrosion was active behind the data plate. | [ ] Remove the data plate and attach to a support leg. Ensuring the vessel shell is undamaged and thickness is not reduced. |
| [ ]  Small chips and scratches were evident however only surface oxidation had occurred.[ ]  Small chips and scratches were evident and surface corrosion was visible.*If the vessel is not either of these conditions or has Nil corrosion then the condition must be described.* | [ ]  Nil at this stage.[ ]  Spot repainting is recommended. |
| [ ]  No decals were fitted and the vessel was painted ……………...The contents of a vessel sitting on top of an air compressor are obvious. Not required. | [ ]  Fit a decal “COMPRESSED AIR” or similar, or paint the vessel light blue to indicate compressed air. |

**Report No:………………**

**Pressure Relief Device**

AS1210 3.2.1.1 Where safety valves are used, the design pressure is often assumed to be 5 percent to 10 percent above the operating pressure at the most severe condition.

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| **Site/Equip No** | **Serial No** | **PRD Type(lever lift, ring pull, rotor lift)** | **Size NPT or BSP** **Inlet Outlet** | **Set****Pressure** | **Fitting Date** |
|  |  |  |  |  |  |  |
| **Manufacturer/ Part No** | **Compliance to AS1271, CE, ASME, or equivalent?** | **Next Test Date** |
|  |  |  |
| **Capacity of Valve** |  | **Flow Rate Required** |  |
| Area Examined | Satisfactory(S) or Nil or N/A or N/E**(no ticks or crosses)** | Unsatisfactory | See Findings |
| Set pressure (less than or equal to design pressure) |  |  |  |
| Capacity (greater than compressor output if the pressure output is also higher than vessel rating) |  |  |  |
| Tagged with tamper resistant seal |  |  |  |
| External mechanical damage |  |  |  |
| Discharge port |  |  |  |
| Leak check with bubble solution |  |  |  |
| Loading on valve from piping |  |  |  |
| **Findings** | **Recommended Actions** |
| [ ] Not tagged with tamper resistant seal. |  |
| [ ] Set pressure is less than or equal to design pressure and capacity is greater than required flow rate. |  |
| [ ] Not inspected when receiver pressurised. |  |
| [ ] Not fitted at the time of inspection. |  |
| [ ] Free operating. |  |
| *[ ] Fouling / Corrosion / Water ingress likely / evident.* |  |
| [ ] To be *tested and reset or* replaced with new at each internal inspection, and marked with installation date *and fitted with a tamper resistant seal.* |  |
| [ ]  *Valves with easing gear should be operated if plant integrity will not be compromised.* |  |
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##### **Receiver Internal Examination**

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| [ ] Direct viewing through …………………………………..……………………………………………….. was carried out.[ ] A boroscopic inspection was carried out *in conjunction with direct viewing through* ………………………………….[ ] An internal visual examination was not practical. In consultation with the owner / operator an ultrasonic thickness survey has been substituted. |
| **Area Examined** | Satisfactory / Nil / N/A | Unsatisfactory | See Findings |
| Deposits / Sludge accumulation |  |  |  |
| Corrosion / Erosion |  |  |  |
| Nozzles |  |  |  |
| **Other relative to this Receiver:-** |  |  |  |
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| **Findings** | **Recommended Actions** |
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Report No:……………

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| Findings |  | Recommendation |
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Competent Person / Inspectors Name, (Certification and registration number if applicable): -

………………………………………………………………………………………………………………………….

Signature: ………………………………………………………. dd/mm/yyyy