



MONTHLY VESSELS UNDER PRESSURE INSPECTION

SITE:
DATE:

PRESSURE VESSEL NUMBER:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Machinery, Plant & Equipment Supervisor appointed.												
2 Operators trained and appointed												
3 Pressure test certificate done within the last 36 months.												
4 Couplings safeguarded with a chain or cable.												
5 Sufficient oil on reservoir.												
6 No Oil or Air leaks visible.												
7 Filters are clean and in position.												
8 Drive belts tensioned.												
9 All rotating parts guarded adequately.												
10 Pressure gauge marked with red line (maximum operating pressure).												
11 Safety valve set at safe operating pressure and sealed.												
12 No condensate in the air receiver, water trap or remote receiver.												
13 Condensation drainage adequate and done daily after shift.												
14 Plate or tag showing last date of inspection (also remote receiver).												
15 All Connections colour coded.												
16 Stop / Start controls clearly identified and easily accessible.												
17 Compressor stations compulsory hearing protection area												
18 Eye protection worn by user of compressed air tools												

INSPECTED BY:

CONSTRUCTION SUPERVISOR:

SIGNATURE:

SIGNATURE: