

PRESSURE RELIEF DEVICE DATA SHEET		FORM PS-5
Pressure System Number:	Date:	
Pressure System Name:		
Pressure Vessel Number (if Applicable):		
Device installed directly on vessel?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Code:	
System Fluid:	Code Year:	
Fluid State:	Fluid Category:	
RELIEF DEVICE DATA		
Device Type <input type="checkbox"/> Safety Relief Valve <input type="checkbox"/> Rupture Disk <input type="checkbox"/> Other (specify)	Certification Type: <input type="checkbox"/> ASME <input type="checkbox"/> CE/PED <input type="checkbox"/> Other (specify)	
Manufacturer	Rated Flow Capacity:	
Part Number	Converted Flow Capacity:	
Serial Number		
Set Pressure		
Inspection/Test Interval:		
In Service Date	Expiration Date:	
INITIAL TEST/INSPECTION DATA		
General condition of device acceptable:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Helium (vacuum) leak test required:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Leak test passed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pop test (valve only) pressure: Test pressure within 5% or 3psi of rated pressure	<input type="checkbox"/> YES	<input type="checkbox"/> NO
APPROVAL (name and signature)		
Installer:	Date:	
Design Authority:	Date:	
Store completed form in Pressure System File and send copy to Vessel Inspection Coordinator		