VISUAL PRESSURE VESSEL - REGISTER / CHECK LIST

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SITE:** |  | **USER:** |  |  |
| **DATE:** |  | **TIME:** |  |  |

|  |  |  |
| --- | --- | --- |
| **No** | **Checklist** | **YES / NO / NA** |
| 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 areas |  |
| 18 | Eye protection worn by user of compressed aid tools |  |
| 19 | Hoses coiled and not left lying around |  |

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# USER SIGNATURE