

LAWRENCE BERKELEY NATIONAL LABORATORY

PRESSURE-TEST RECORD

Date: _____

Location of vessel (or system): Build. _____ Rm. _____

Description: _____

Pressure Vessel ☐ Pressure System ☐ (check box)

"Pressure-Tested" Label attached ☐

TEST INFORMATION:

1. Test pressure _____ Pa (_____ kpsi)

2. Testing Fluid (oil, He, etc.) _____

3. Test Temperature _____ °C (_____ °F)

4. Design Temperature _____ °C (_____ °F)

5. Safety Case _____

6. Responsible Designer _____ Name: _____

7. Responsible User _____ Name: _____

Dept. _____

Divn: _____

8. Diameter measurements (for pressure-vessel tests only)

Location (marked) Before testing After testing Difference (+ or -)

Remarks: _____

Test by: _____

M&O, Mach. Shop

CERTIFICATION:

The vessel identified above has been pressure tested and is approved for operation within these test conditions.

Certified by: _____

LBL	PRESSURE	TESTED
DWG. NO.	_____	
SAFETY NOTE	_____	
WORKING PRESS.	_____	PSI
WORKING FLUID	_____	
WORKING TEMP.	_____	°F
R E M A	_____	
TEST NUMBER	_____	
BY	_____	_____