# A black and white sign Description automatically generated with low confidence

# Pressure Vessel Registration Form

|  |  |  |
| --- | --- | --- |
| Are you using this form to DEREGISTER a Vessel? If yes, only complete highlighted sections | | Yes No |
| **Details of pressure vessel** | | |
| Age of pressure vessel (approximate) | |  |
| Make | |  |
| Model (if known) | |  |
| Type of machine (eg autoclave) | |  |
| Serial number | |  |
| Vessel chamber capacity | |  |
| Working pressure (psi or bar) | |  |
| Is it part of the building’s pressure system? (i.e. it does not generate its own steam) | | Yes No |
| **Details of equipment location** | | |
| Department name | |  |
| Campus | |  |
| Building | |  |
| Floor and room number | |  |
| **Details of maintenance provider** | | |
| Company name and address | |  |
| Telephone number | |  |
| Contact in company including email address | |  |
| What is the frequency of visits? (eg quarterly) | |  |
| When is the next service visit due? | |  |
| Section/Department/Division contact details | | |
| User’s contact details | Name  Contact phone number  Email address | |
| Local Safety Advisor | Name  Extension number  Email address | |
| DATE this form submitted to Estates |  | |
| **Email the completed form as an attachment to** [**Julie Bryant**](mailto:julie.bryant@imperial.ac.uk) **and the** [**Safety Department**](mailto:safetydept@imperial.ac.uk) | | |