# 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 | NameContact phone numberEmail address |
| Local Safety Advisor | NameExtension numberEmail address |
| DATE this form submitted to Estates |  |
| **Email the completed form as an attachment to** **Julie Bryant** **and the** **Safety Department** |