FORM NO. 8

[PRESCRIBED UNDER RULE 56]

Report of examination of pressure vessels

Name of occupier (or Factory).

4.	Situation and address of factory
3.	Name, description and distinctive number of pressure vessel
4.	Name and address of manufacturer
5.	Nature of process in which it is used
6.	Particulars of vessel:
	(a) Date of construction
	(b) Thickness of walls
	(c) Date on which the vessel was first taken into use
	(d) Safe working pressure recommended by the manufacturer
	(The history should be briefly given, and the examiner should state what
he h	as seen the last/previous report)

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7. 8.	Date of last hydraulic test (if any) and pressure applied		
9. 10.	What parts (if any) were inaccessible? What examination and tests were made? (specify pressure if hydraulic test was carried out)		
11.	Condition of vessel (state any defects materi working pressure or the safe working of the vessel)	ally) affecting the safe External Internal	
12.	Are the required fittings and appliance provirules for pressure vessels?		
13.			
14.	Repairs (if any) required, and period within which they should be executed and other condition which the person making the examination thinks it necessary to specify for securing safe working		
15.	Safe working pressure, calculated from dimensions and from the thickness and other data ascertained by the present examination, due allowance being made for conditions of working if unusual on exceptionally severe (state minimum thickness of walls measured during the examination)		
16.			
	(a) Before the expiration of the period specified in (14)(b) After the expiration of such period if the required repairs have not been completed		
	(c) After the completion of the required rep	airs	
clear	certify that on the pressure vessel do ned and (so far as its construction permits) raination and for such test as were necessary for	nade accessible for thorough	
	on the said date, I thoroughly examined this		
fittin	gs, and that the above is a true report of my e		
16	-111	Signature	
If employed by a Company or		Qualification	
11880	ciation, give name and address.	Date	
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