PRESSURE VESSEL RELIEF VALVE TESTING AND INSPECTION LOG FOR BOILERS AND WATER HEATERS

SITE:_____

1. Manually Test Relieve Valves				Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Type of Equipment	**Size**	**Fuel**	**Loc.**	**Date/Signed**	**Date/Signed**	**Date/Signed**	**Date/Signed**	**Date/Signed**	**Date/Signed**

2. Boiler Room Cleaned	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6

1. Auxiliary Boiler Equipment in good operating order.	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6

4. Deficiencies (description and date(s) reported):

2. I certify that all pressure vessels at this site are identified here and have been inspected as indicated above.

_____

Principal/Administrator Date

_____

Building Services Supervisor Date