

Pressure Vessel Hydrostatic Test Checklist

NASA Glenn Research Center

WELD REQUEST NUMBER: _____
(N/A for non PSO Related)

<u>DESCRIPTION</u>	<u>INITIAL</u>	<u>DATE</u>
1. VESSEL MANUFACTURER: _____	_____	_____
2. VESSEL SERIAL NUMBER: _____	_____	_____
3. HYDROSTATIC/TEST PRESSURE, PSIG: _____	_____	_____
4. MAWP, PSIG: _____	_____	_____
5. HYDROSTATIC TEST FLUID: _____	_____	_____
6. TEST FLUID TEMPERATURE, °F: _____	_____	_____
7. VESSEL METAL TEMPERATURE, °F: _____	_____	_____
8. VERIFIED CALIBRATED GAUGES: _____	_____	_____
9. HYDROSTATIC TEST RIG VERIFIED: _____	_____	_____
10. HYDROTEST START DATE/TIME: _____	_____	_____
11. HYDROTEST COMPLETION DATE/TIME: _____	_____	_____
12. VISUAL EXAM AT OPERATING PRESSURE: _____	_____	_____
13. HYDROSTATIC TEST PERFORMED BY: _____	_____	_____

ORGANIZATION: _____

REMARKS:

INSPECTOR _____
SIGNATURE DATE

WITNESS _____
SIGNATURE DATE