

CYLINDER VISUAL INSPECTION SHEET

Owner / customer _____

Contact Information _____

Cylinder Material: Aluminum Steel SP or E # _____ Government approval: DOT TC Other _____

Serial # _____ Working Pressure _____

Identifying Owner Marks _____ Manufacturer _____

Within Hydrostatic Test period No (reject – sent for hydro _____) Yes – Date _____

CYLINDER

Primary Reference point used (ex: hydro or Govt. Stamp): _____



Mark areas of concern

EXTERNAL

Corrosion No Yes Description: _____

Cuts/Gouges/Pits No Yes Location/description: _____

Chemical / Fire No Yes Description: _____

Other Concerns No Yes Description: _____

THREADS

Damaged No Yes Description: _____

Corrosion No Yes Description: _____

INTERNAL

Contaminates No Yes Description: _____

Pitting/Corrosion No Yes Location/description: _____

Interior Cleaned No Yes Method: _____

VALVE

Valve checked No Yes

Threads Inspected No Yes Notes: _____

Dip Tube (N/A) No Yes

Valve Working No Yes Notes: _____

Burst Disk Present No Yes Replaced Pressure Rating: _____ Notes: _____

Cleaned No Yes Method: _____

Lubricant applied No Yes compound used: _____

O-Ring Replaced No Yes Composition: BUNA VITON EPDM Other _____

Based on the above inspection the listed cylinder had the following results: Passed Failed Rejected

Returned to the owner without qualification

Inspector Name _____ Signed _____ Date _____



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Inspection
Facility