

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:		
High Pressure Receiver..... <input type="checkbox"/>	Oil Separator..... <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot..... <input type="checkbox"/>	Horizontal..... <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical..... <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____	Model #: _____	Serial #: _____
ASME Cert. Stamp? <input type="checkbox"/> Yes, <input type="checkbox"/> No	Year Mfg.: _____	National Board #: _____
MAWP (psig): _____	@ °F _____	MDMT (°F): _____ @ psig _____
Operating (psig /°F): _____ / _____	Normal Liquid Level: _____	
Total Internal Vol: _____ Cu. Ft.	Normal Ammonia Inventory (lbs.): _____	
Material: <input type="checkbox"/> Carbon Steel, <input type="checkbox"/> Stainless Steel, <input type="checkbox"/> Aluminum, <input type="checkbox"/> Other: _____		
Level Indicator Type: <input type="checkbox"/> None, <input type="checkbox"/> Armored Bullseye, <input type="checkbox"/> Level Column w/Bullseye, <input type="checkbox"/> Flat Armored, <input type="checkbox"/> Level Column Only, <input type="checkbox"/> Level Column w/ Veri/Tech Level		

Relief Valve Data:

Manufacturer: _____	Model: _____	Year Installed: _____
Assembly: <input type="checkbox"/> Dual w/change over valve, <input type="checkbox"/> Single	Type of Relief Valve: <input type="checkbox"/> Internal, <input type="checkbox"/> External	
Pressure Setting (psig): _____	Capacity (lbs. air per min/SCFM): _____ / _____	

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____ _____ _____				

Application:

High Pressure Receiver..... ☐
Accumulator..... ☐
Recirculator..... ☐
Intercooler..... ☐
Transfer Drum..... ☐

Oil Separator ☐
Oil Pot ☐
Other (Describe)..... ☐

Orientation:

Horizontal ☐
Vertical ☐

Application:

High Pressure Receiver..... ☒
Accumulator..... ☐
Recirculator..... ☐
Intercooler..... ☐
Transfer Drum..... ☐

Oil Separator ☐
Oil Pot ☐
Other (Describe)..... ☐

Orientation:

Horizontal ☒
Vertical ☐



Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:

High Pressure Receiver..... <input type="checkbox"/>	Oil Separator..... <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot..... <input type="checkbox"/>	Horizontal..... <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical..... <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____	Model #: _____	Serial #: _____	
ASME Cert. Stamp? <input type="checkbox"/> Yes, <input type="checkbox"/> No	Year Mfg.: _____	National Board #: _____	
MAWP (psig): _____	@ °F _____	MDMT (°F): _____	@ psig _____
Operating (psig /°F): _____ / _____	Normal Liquid Level: _____		
Total Internal Vol: _____ Cu. Ft.	Normal Ammonia Inventory (lbs.): _____		
Material: <input type="checkbox"/> Carbon Steel, <input type="checkbox"/> Stainless Steel, <input type="checkbox"/> Aluminum, <input type="checkbox"/> Other: _____			
Level Indicator Type: <input type="checkbox"/> None, <input type="checkbox"/> Armored Bullseye, <input type="checkbox"/> Level Column w/Bullseye, <input type="checkbox"/> Flat Armored, <input type="checkbox"/> Level Column Only, <input type="checkbox"/> Level Column w/ Veri/Techni Level			

Relief Valve Data:

Manufacturer: _____	Model: _____	Year Installed: _____	
Assembly: <input type="checkbox"/> Dual w/change over valve, <input type="checkbox"/> Single	Type of Relief Valve: <input type="checkbox"/> Internal, <input type="checkbox"/> External		
Pressure Setting (psig): _____	Capacity (lbs. air per min/SCFM): _____ / _____		

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____				

Equipment Data and Limits:

Manufacturer: _____ Model #: _____ Serial #: _____
ASME Cert. Stamp? ☐ Yes, ☐ No Year Mfg.: _____ National Board #: _____
MAWP (psig): _____ @ °F _____ MDMT (°F): _____ @ psig _____
Operating (psig /°F): _____ / _____ Normal Liquid Level: _____
Total Internal Vol: _____ Cu. Ft. Normal Ammonia Inventory (lbs.): _____
Material: ☐ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other: _____
Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☐ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Techni Level

Equipment Data and Limits:

Manufacturer: GLOBE ICE MACHINE CO Model #: N/A Serial #: 22731
ASME Cert. Stamp? ☒ Yes, ☐ No Year Mfg.: 1986 National Board #: NONE
MAWP (psig): 250 @ °F 200 MDMT (°F): -20 @ psig 250
Operating (psig /°F): 165.9^{PSI} / 90°F Normal Liquid Level: 12"
Total Internal Vol: 391.9 Cu. Ft. Normal Ammonia Inventory (lbs.): 2330.4
Material: ☒ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other: _____
Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☒ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Techni Level



Equipment Data and Limits:

Manufacturer: GLOBE ICE MACHINE CO Model #: N/A Serial #: 22731
ASME Cert. Stamp? ☒ Yes, ☐ No Year Mfg.: 1986 National Board #: NONE
MAWP (psig): 250 @ °F 200 MDMT (°F): -20 @ psig 250
Operating (psig / °F): 165.9^{PSI} / 90°F Normal Liquid Level: 12"
Total Internal Vol: 391.9 Cu. Ft. Normal Ammonia Inventory (lbs.): 2330.4
Material: ☒ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other:
Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☒ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Techni Level



NATIONAL BOARD

NB 522

CERTIFIED BY

**TIGER
TANKS^{INC}**

BAKERSFIELD, CALIFORNIA

U

W

RT 4

M.A.W.P. 300 PSIG AT 250 DEG. F.

M.A.E.W.P. — PSIG AT — DEG. F.

M.D.M.T. -20 DEG. F. AT 300 P.S.I.G

MFG. S/N 2102-11592 C.A. NONE

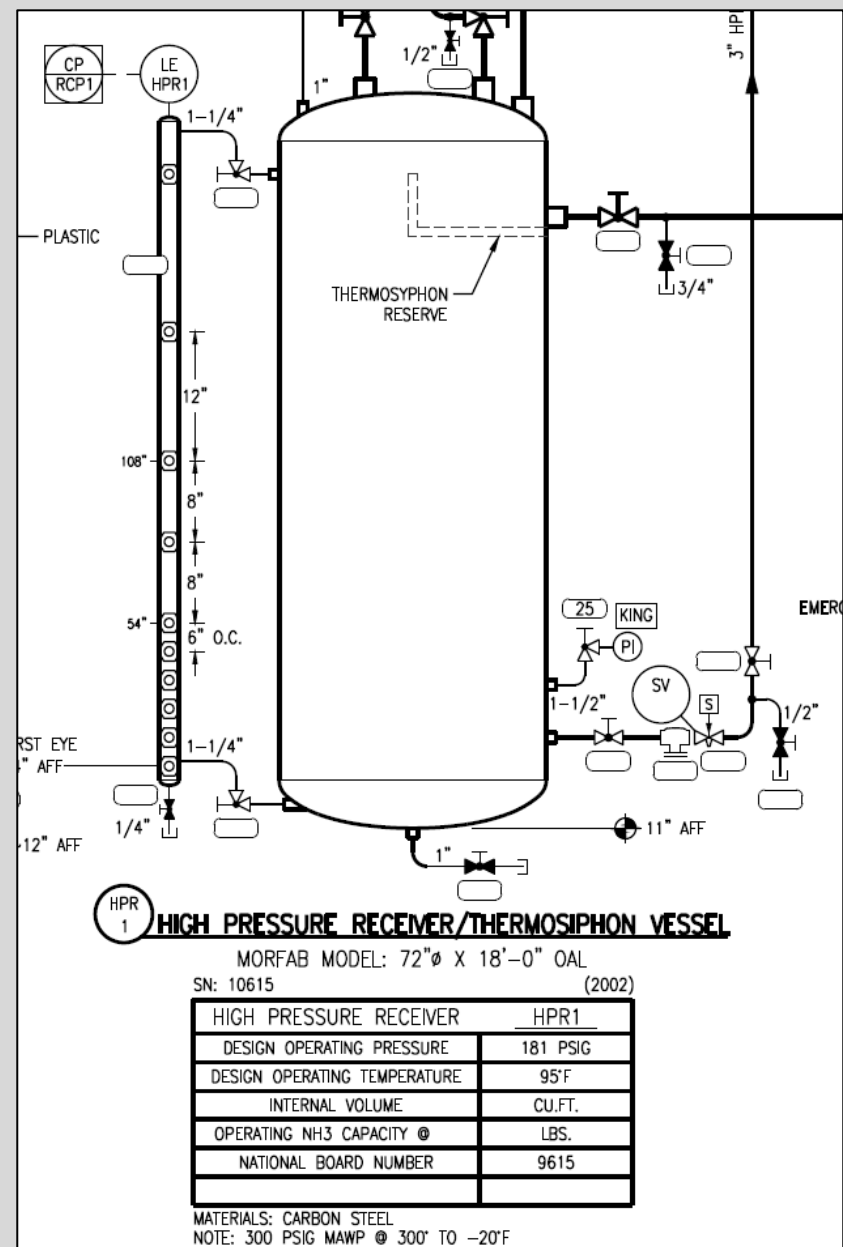
HEAD THK. .315 MIN. MAT'L SA516 70N

SHELL THK. .375 MAT'L SA516 70N

YR BUILT 2022 Dia. x S/S 42 OD X 156

NH3 SERVICE

Manufacturer:	_____	Model #:	_____	Serial #:	_____
ASME Cert. Stamp?	<input type="checkbox"/> Yes, <input type="checkbox"/> No	Year Mfg.:	_____	National Board #:	_____
MAWP (psig):	_____	@ °F	_____	MDMT (°F):	_____
Operating (psig /°F):	_____ / _____			@ psig	_____
Total Internal Vol:	_____ Cu. Ft.	Normal Ammonia Inventory (lbs.):	_____		
Material:	<input type="checkbox"/> Carbon Steel, <input type="checkbox"/> Stainless Steel, <input type="checkbox"/> Aluminum, <input type="checkbox"/> Other: _____				
Level Indicator Type:	<input type="checkbox"/> None, <input type="checkbox"/> Armored Bullseye, <input type="checkbox"/> Level Column w/Bullseye, <input type="checkbox"/> Flat Armored,				
	<input type="checkbox"/> Level Column Only, <input type="checkbox"/> Level Column w/ Veri/Techni Level				



Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:

High Pressure Receiver..... <input type="checkbox"/>	Oil Separator <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot <input type="checkbox"/>	Horizontal <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical <input type="checkbox"/>
Intercooler <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____ Model #: _____ Serial #: _____
 ASME Cert. Stamp? ☐ Yes, ☐ No Year Mfg.: _____ National Board #: _____
 MAWP (psig): _____ @ °F _____ MDMT (°F): _____ @ psig _____
 Operating (psig /°F): _____ / _____ Normal Liquid Level: _____
 Total Internal Vol: _____ Cu. Ft. Normal Ammonia Inventory (lbs.): _____
 Material: ☐ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other: _____
 Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☐ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Techni Level

Relief Valve Data:

Manufacturer: _____ Model: _____ Year Installed: _____
 Assembly: ☐ Dual w/change over valve, ☐ Single Type of Relief Valve: ☐ Internal, ☐ External
 Pressure Setting (psig): _____ Capacity (lbs. air per min/SCFM): _____ / _____

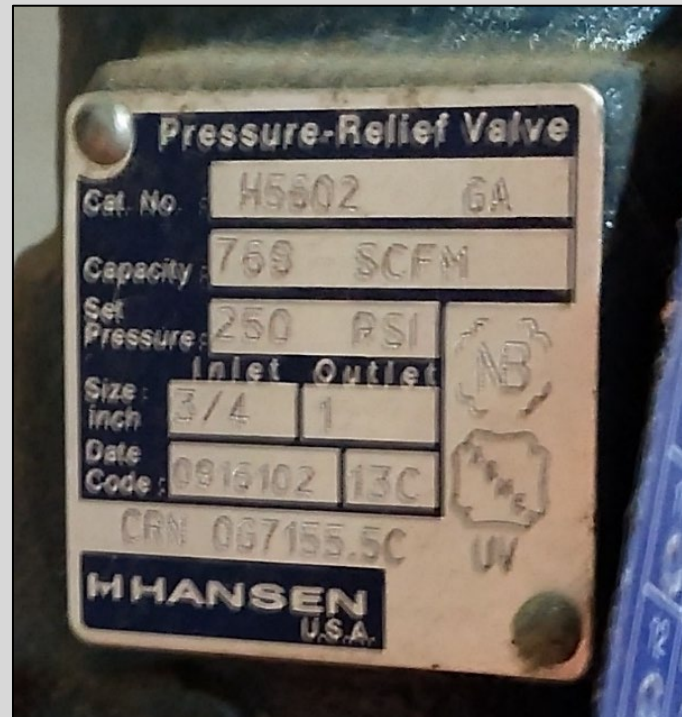
Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____ _____				

Relief Valve Data:

Manufacturer: _____ Model: _____ Year Installed: _____
Assembly: ☐ Dual w/change over valve, ☐ Single Type of Relief Valve: ☐ Internal, ☐ External
Pressure Setting (psig): _____ Capacity (lbs. air per min/SCFM): _____ /

Relief Valve Data:

Manufacturer: HANSEN Model: H5602 Year Installed: SEPT 2019
Assembly: ☒ Dual w/change over valve, ☐ Single Type of Relief Valve: ☐ Internal, ☒ External
Pressure Setting (psig): 250 Capacity (lbs. air per min/SCFM): 57.6 #/min



Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:		
High Pressure Receiver..... <input type="checkbox"/>	Oil Separator <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot <input type="checkbox"/>	Horizontal <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____	Model #: _____	Serial #: _____
ASME Cert. Stamp? <input type="checkbox"/> Yes, <input type="checkbox"/> No	Year Mfg.: _____	National Board #: _____
MAWP (psig): _____	@ °F _____	MDMT (°F): _____ @ psig _____
Operating (psig /°F): _____ / _____	Normal Liquid Level: _____	
Total Internal Vol: _____ Cu. Ft.	Normal Ammonia Inventory (lbs.): _____	
Material: <input type="checkbox"/> Carbon Steel, <input type="checkbox"/> Stainless Steel, <input type="checkbox"/> Aluminum, <input type="checkbox"/> Other: _____		
Level Indicator Type: <input type="checkbox"/> None, <input type="checkbox"/> Armored Bullseye, <input type="checkbox"/> Level Column w/Bullseye, <input type="checkbox"/> Flat Armored, <input type="checkbox"/> Level Column Only, <input type="checkbox"/> Level Column w/ Veri/Techni Level		

Relief Valve Data:

Manufacturer: _____	Model: _____	Year Installed: _____
Assembly: <input type="checkbox"/> Dual w/change over valve, <input type="checkbox"/> Single	Type of Relief Valve: <input type="checkbox"/> Internal, <input type="checkbox"/> External	
Pressure Setting (psig): _____	Capacity (lbs. air per min/SCFM): _____ / _____	


Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____				

Inspection Items	Conforms
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>


Inspection Items
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/IIAR 2?








NATIONAL BOARD NO. **11390**

 CERTIFIED BY
**REFRIGERATION VALVES
and SYSTEMS CORPORATION**
BRYAN, TEXAS

W
RTJ
3
MAWP **250** PSI AT **300** °F
MDMT **-20** °F AT **250** PSI

SERIAL NO. **98666** YEAR BUILT **1998**



HEAD THK.: **3/8** in.

SHELL THK.: **3/8** in.

U.S. GALLONS: **575**

SQ. FT. SURFACE: **117**

SERIAL No.: **98666**

Nameplate



Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:		
High Pressure Receiver..... <input type="checkbox"/>	Oil Separator..... <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot..... <input type="checkbox"/>	Horizontal..... <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical..... <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

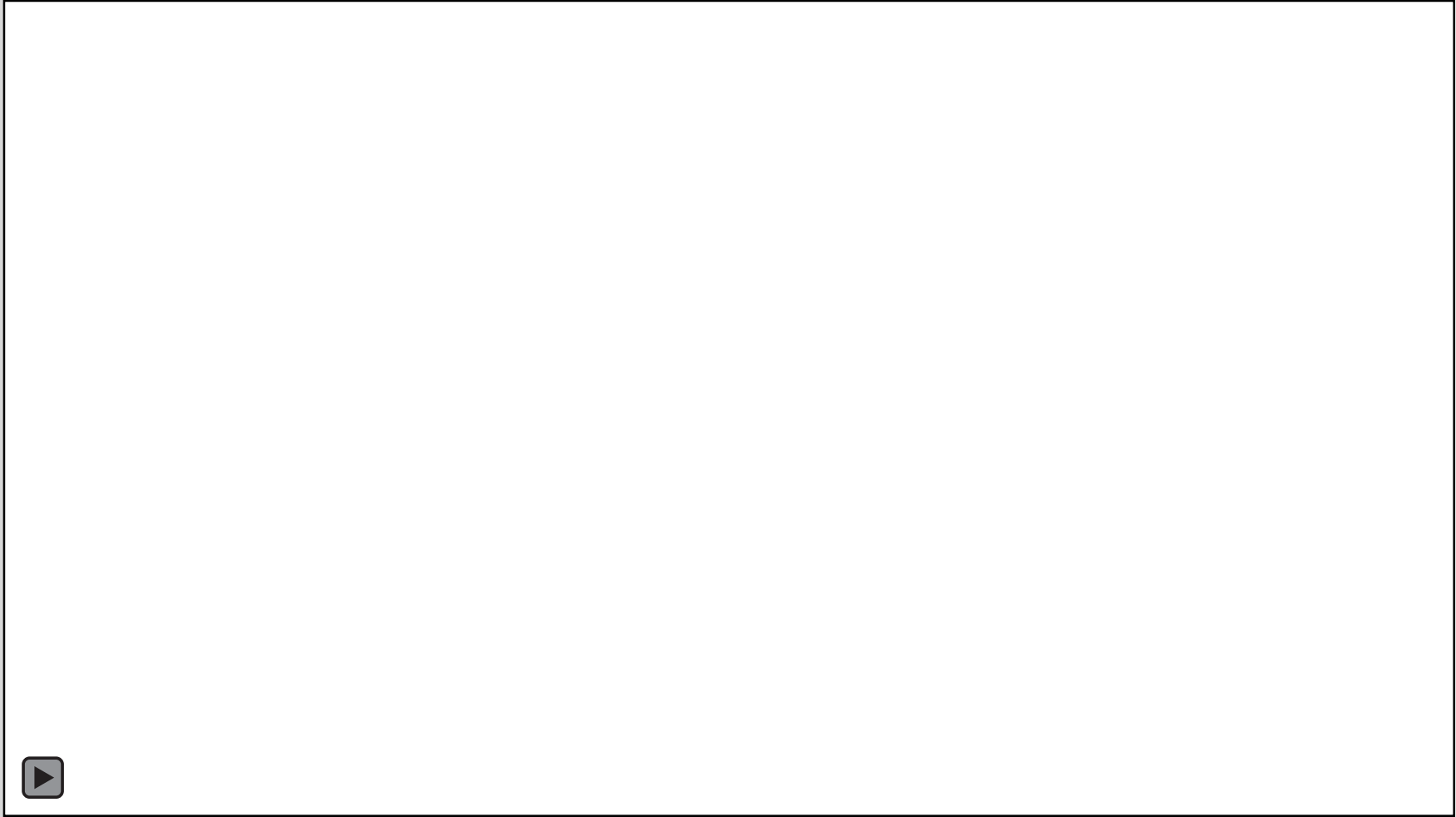
Manufacturer: _____	Model #: _____	Serial #: _____
ASME Cert. Stamp? <input type="checkbox"/> Yes, <input type="checkbox"/> No	Year Mfg.: _____	National Board #: _____
MAWP (psig): _____	@ °F _____	MDMT (°F): _____ @ psig _____
Operating (psig /°F): _____ / _____	Normal Liquid Level: _____	
Total Internal Vol: _____ Cu. Ft.	Normal Ammonia Inventory (lbs.): _____	
Material: <input type="checkbox"/> Carbon Steel, <input type="checkbox"/> Stainless Steel, <input type="checkbox"/> Aluminum, <input type="checkbox"/> Other: _____		
Level Indicator Type: <input type="checkbox"/> None, <input type="checkbox"/> Armored Bullseye, <input type="checkbox"/> Level Column w/Bullseye, <input type="checkbox"/> Flat Armored, <input type="checkbox"/> Level Column Only, <input type="checkbox"/> Level Column w/ Veri/Tech Level		

Relief Valve Data:

Manufacturer: _____	Model: _____	Year Installed: _____
Assembly: <input type="checkbox"/> Dual w/change over valve, <input type="checkbox"/> Single	Type of Relief Valve: <input type="checkbox"/> Internal, <input type="checkbox"/> External	
Pressure Setting (psig): _____	Capacity (lbs. air per min/SCFM): _____ / _____	

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/IIAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____ _____				

Inspection Items	Conforms
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>





Inspection Items	Conforms
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

b) Suitable for ammonia?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
c) Operating within limits?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	14" ± 150 psi	





Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:

High Pressure Receiver..... <input type="checkbox"/>	Oil Separator..... <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot..... <input type="checkbox"/>	Horizontal..... <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical..... <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____ Model #: _____ Serial #: _____

ASME Cert. Stamp? ☐ Yes, ☐ No Year Mfg.: _____ National Board #: _____

MAWP (psig): _____ @ °F _____ MDMT (°F): _____ @ psig _____

Operating (psig /°F): _____ / _____ Normal Liquid Level: _____

Total Internal Vol: _____ Cu. Ft. Normal Ammonia Inventory (lbs.): _____

Material: ☐ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other: _____

Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☐ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Tech Level

Relief Valve Data:

Manufacturer: _____ Model: _____ Year Installed: _____

Assembly: ☐ Dual w/change over valve, ☐ Single Type of Relief Valve: ☐ Internal, ☐ External

Pressure Setting (psig): _____ Capacity (lbs. air per min/SCFM): _____ / _____

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____ _____				

Inspection Items	Conforms
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

d) Fasteners tight
anchored, and





Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:

High Pressure Receiver..... <input type="checkbox"/>	Oil Separator..... <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot..... <input type="checkbox"/>	Horizontal..... <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical..... <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____ Model #: _____ Serial #: _____
 ASME Cert. Stamp? ☐ Yes, ☐ No Year Mfg.: _____ National Board #: _____
 MAWP (psig): _____ @ °F _____ MDMT (°F): _____ @ psig _____
 Operating (psig /°F): _____ / _____ Normal Liquid Level: _____
 Total Internal Vol: _____ Cu. Ft. Normal Ammonia Inventory (lbs.): _____
 Material: ☐ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other: _____
 Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☐ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Tech Level

Relief Valve Data:

Manufacturer: _____ Model: _____ Year Installed: _____
 Assembly: ☐ Dual w/change over valve, ☐ Single Type of Relief Valve: ☐ Internal, ☐ External
 Pressure Setting (psig): _____ Capacity (lbs. air per min/SCFM): _____ / _____

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: _____ _____				

Inspection Items	Conforms
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS	
Location: _____	ID/Tag No.: _____
Facility Owner: _____	
Address: _____	
Contact: _____	Phone: _____
Inspector: _____	Date: _____

Application:

High Pressure Receiver..... <input type="checkbox"/>	Oil Separator <input type="checkbox"/>	Orientation:
Accumulator..... <input type="checkbox"/>	Oil Pot <input type="checkbox"/>	Horizontal <input type="checkbox"/>
Recirculator..... <input type="checkbox"/>	Other (Describe)..... <input type="checkbox"/>	Vertical <input type="checkbox"/>
Intercooler..... <input type="checkbox"/>		
Transfer Drum..... <input type="checkbox"/>		

Equipment Data and Limits:

Manufacturer: _____ Model #: _____ Serial #: _____

ASME Cert. Stamp? ☐ Yes, ☐ No Year Mfg.: _____ National Board #: _____

MAWP (psig): _____ @ °F _____ MDMT (°F): _____ @ psig _____

Operating (psig /°F): _____ / _____ Normal Liquid Level: _____

Total Internal Vol: _____ Cu. Ft. Normal Ammonia Inventory (lbs.): _____

Material: ☐ Carbon Steel, ☐ Stainless Steel, ☐ Aluminum, ☐ Other: _____

Level Indicator Type: ☐ None, ☐ Armored Bullseye, ☐ Level Column w/Bullseye, ☐ Flat Armored,
☐ Level Column Only, ☐ Level Column w/ Veri/Techni Level

Relief Valve Data:

Manufacturer: _____ Model: _____ Year Installed: _____

Assembly: ☐ Dual w/change over valve, ☐ Single Type of Relief Valve: ☐ Internal, ☐ External

Pressure Setting (psig): _____ Capacity (lbs. air per min/SCFM): _____ / _____

Ammonia Refrigeration Safety Inspection Checklist PRESSURE VESSELS				
Location: _____		ID/Tag No.: _____		
Inspection Items	Conforms	Safety Status	Recommended Action, or Comments	Target Date
a) Equipment is labeled and the nameplate and ASME # are legible and secure per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
b) Suitable for ammonia?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
c) Operating within limits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
d) Fasteners tight, adequately anchored, and supported?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
e) Safe access for Inspection, Testing, and Maintenance (ITM)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
f) Free of excessive ice buildup?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
g) Free of abnormal sounds/vibration?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
h) Free of ammonia leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
i) All piping has markers per ANSI/ILAR 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
j) Are valves in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
k) Are critical manual and control valves tagged, exercised, and stems lubricated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
l) Sufficient pressure/temperature gauges and/or transducers are present and functioning adequately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
m) Certification drawings on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
n) Manufacturer data report on file?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
o) Free of modifications, alterations, damage, or repairs such that casing integrity is or has been affected?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
p) If No, has it been recertified and documentation filed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
q) Are tubular linear liquid level sight glasses protected from traffic with 360° guards and internal check shutoff valves?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
r) Insulation free of damage, moisture, frost, vapor retarder leaks, etc.? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/> <input type="checkbox"/> Not insulated			
s) Free of pitting and surface damage? a. If No, note damage level:	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Slight <input type="checkbox"/> Extensive <input type="checkbox"/>			
t) Free of any other conditions that negatively affect safe operation?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
If No, describe: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				