



**When to Use  
This Form**

This form, in conjunction with procedure P-192.731(a), is used to properly document maintenance performed on overpressure safety devices on the pipeline and at compressor stations.

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**Reviewed  
Procedures**

P-192.731(a)     *Compressor Relief Devices*

The applicable sections of the above procedure(s) shall be reviewed prior to completing this form.

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**Documentation  
Procedure**

1. Perform inspection according to procedure P-192.731(a).
2. Complete this form.
3. Identify any needed follow-up items. List on this form and forward to supervisor.
4. Prior to filing this form, investigate all items marked for follow-up and note the action taken.
5. Place completed form in DOT File. Retain records for 5 years.



Follow-up Items

Note items that require immediate remedial action.

Action Item (Problem)	Action Taken	Date	Signed



Compressor Station Relief Devices

Valve Inspection	Is there significant external corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there broken/missing bolts on the valve body?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there broken/missing bolts on the flanges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there leaking flanges or gaskets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are there leaking packing or seals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At what pressure is the pressure control device set?		_____psi
Is this the specified pressure?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any operational changes occurred since installation that might exceed this valve's design capacity or cause it to be otherwise unfit for this service?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes (send a copy of this form to engineering)		
Explain:		
Are there any conditions that might prevent this device from functioning properly?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes (send a copy of this form to engineering)		
Explain:		
Comments:		
Completed by:		Date: