

## **Pressure Equipment Integrity Checklist**

## **Design & Engineering Review**

Verification of design basis, codes, standards, and engineering calculations.

Design Code Compliance (e.g., ASME, EN, etc.)
ASME
□ EN
Other (Specify in Long Text)
Detailed Description of Design Basis
Write something
Maximum Allowable Pressure (psig/bar)
Enter a number
Litter a number
Maximum Allowable Temperature (°C/°F)
Enter a number
Design Calculations (e.g., Stress Analysis Reports)
♣ Upload File
- Spieda Filo

Design Verification Method	
Calculations	
Finite Element Analysis (FEA)	
<ul><li>☐ Vendor Data</li><li>☐ Other (Specify in Long Text)</li></ul>	
Other (Specify in Long Text)	
Date of Last Design Review	
Enter date	
Summary of Key Design Assumptions	
Write something	
	<i>)</i> ,
	<i>).</i>
Materials Selection & Traceability	
Materials Selection & Traceability	<i></i>
Materials Selection & Traceability Ensuring correct material selection and maintaining traceability records.	
Ensuring correct material selection and maintaining traceability records.	
Ensuring correct material selection and maintaining traceability records.  Material Specification Adherence	
Ensuring correct material selection and maintaining traceability records.  Material Specification Adherence  Compliant	
Ensuring correct material selection and maintaining traceability records.  Material Specification Adherence  Compliant  Non-Compliant	
Material Specification Adherence  Compliant Non-Compliant Not Applicable	
Ensuring correct material selection and maintaining traceability records.  Material Specification Adherence  Compliant  Non-Compliant	
Material Specification Adherence  Compliant Non-Compliant Not Applicable	
Material Specification Adherence Compliant Non-Compliant Not Applicable  Detailed Material Specification Description	

Material Heat Number	
Enter a number	
Traceability Records Des	cription
Write something	
Material Certification Stat	tus
Certified	
☐ Uncertified ☐ N/A	
Date of Material Receipt	
Enter date	
abrication & We	elding
	3

Welding Procedure Specification (WPS) Verification  Verified & Approved  Verification Required  Not Applicable
Welding Consumables Traceability Verified?  Yes No No Not Applicable
Details of any Welding Repair or Rework  Write something
Welder Qualification Records (Sample)  L Upload File
Non-Destructive Examination (NDE) Type Performed (e.g., UT, RT, MT)  Ultrasonic Testing (UT) Radiographic Testing (RT) Magnetic Particle Testing (MT) Dye Penetrant Testing (PT) Visual Inspection Other (Specify in Long Text)

write something  nstallation & Commissioning		
Installation Completion Date		
Enter date		
Equipment Serial Number		
Enter a number		
Installation Contractor		
Contractor A		
Contractor B		
Contractor C		
Other		
Installation Notes/Observations		
Write something		

Alignment Verification Method  Laser Alignment  String Line  Other
Alignment Readings (X-axis)  Enter a number
Alignment Readings (Y-axis)  Enter a number
Commissioning Pressure Test Passed?  Yes No
Commissioning Test Reports  L Upload File
Deviations from Installation Plan (if any)  Write something

## **Inspection & Testing (Initial)**

Confirmation of initial inspections and tests performed upon equipment completion and before service entry.

Date of Hydrostatic Test	
Enter date	
Hydrostatic Test Pressure (barg)	
Enter a number	
Hydrostatic Test Duration (minutes)	
Enter a number	
Hydrostatic Test Results & Observations	
Write something	
Hydrostatic Test Report (PDF)  L Upload File	
Material Verification Completed?  Yes No	
Design Calculations Verified?  Yes No	

Write something	
Date of Visual In	spection
Enter date	
perating F	Procedures & Training
view of operating	procedures and verification of personnel training.
Describe the doc	cumented operating procedures for this equipment.
Write something	
Which operating	procedures cover this equipment? (Select all that apply)
Which operating  Startup Procedu	
_	re
Startup Procedu	re edure
Startup Procedul Shutdown Proce Normal Operatio	re edure
Startup Procedul Shutdown Proce Normal Operatio	re edure on Procedure tdown Procedure
Startup Procedur Shutdown Proce Normal Operatio Emergency Shut	re edure on Procedure tdown Procedure g Procedure
Startup Procedur Shutdown Proce Normal Operatio Emergency Shut Pressure Testing Draining/Venting	re edure on Procedure tdown Procedure g Procedure g Procedure
Startup Procedur Shutdown Proce Normal Operatio Emergency Shut Pressure Testing Draining/Venting	re edure on Procedure tdown Procedure g Procedure

Date of last training refresher for personnel operating this equipment.
Enter date
Upload copy of training records for personnel.  Light Upload File
Training Program Type?
Classroom Online On-the-Job
Briefly describe the competency assessment conducted post-training.  Write something
Procedure Revision Control Status?  Up-to-date  Needs Revision
Risk Based Inspection (RBI) Implementation and validation of the RBI program, including inspection intervals and methodologies.

**RBI Program Revision Number** 

Enter a number...

Last RBI Program Review Date
Enter date
RBI Methodology Used (e.g., API 581, EN 12929)
☐ API 581
EN 12929  Other (Specify in LONG, TEXT)
Other (Specify in LONG_TEXT)
Description of Key Risk Factors Considered
Write something
Number of Pressure Equipment Items Included in RBI
Enter a number
Inspection Techniques Used Based on Risk (Select All That Apply)
Inspection Techniques Used Based on Risk (Select All That Apply)  Usual Inspection
<ul><li></li></ul>
<ul> <li>Visual Inspection</li> <li>□ UT (Ultrasonic Testing)</li> <li>□ PT (Pressure Testing)</li> <li>□ MT (Magnetic Particle Testing)</li> </ul>
<ul> <li>Visual Inspection</li> <li>□ UT (Ultrasonic Testing)</li> <li>□ PT (Pressure Testing)</li> <li>□ MT (Magnetic Particle Testing)</li> <li>□ Radiographic Testing</li> </ul>
<ul> <li>Visual Inspection</li> <li>□ UT (Ultrasonic Testing)</li> <li>□ PT (Pressure Testing)</li> <li>□ MT (Magnetic Particle Testing)</li> </ul>
<ul> <li>Visual Inspection</li> <li>□ UT (Ultrasonic Testing)</li> <li>□ PT (Pressure Testing)</li> <li>□ MT (Magnetic Particle Testing)</li> <li>□ Radiographic Testing</li> </ul>

Write something		
lumber of Pressure E	quipment Items Reclassified Due to RBI	
Enter a number		
on-Destructiv	e Examination (NDE)	
	rams, including technique selection, qualification, and	
rpretation.	rame, morading teerinique esteemen, quamication, and	
DE Personnel Certifi	cation Level	
Enter a number		
Entor a nambonii		
IDE Techniques Perfo	ormed (Select all that apply)	
IDE Techniques Perfo	ormed (Select all that apply)	
_		
Visual Inspection (VT)	(PT)	
Visual Inspection (VT)  Dye Penetrant Testing	(PT) ng (MT)	
Visual Inspection (VT)  Dye Penetrant Testing  Magnetic Particle Testin	(PT) ng (MT)	
Visual Inspection (VT)  Dye Penetrant Testing  Magnetic Particle Testin  Ultrasonic Testing (UT)	(PT) ng (MT)	
Visual Inspection (VT)  Dye Penetrant Testing  Magnetic Particle Testin  Ultrasonic Testing (UT)  Radiographic Testing (I	(PT) ng (MT)	
Visual Inspection (VT)  Dye Penetrant Testing  Magnetic Particle Testin  Ultrasonic Testing (UT)  Radiographic Testing (I	(PT) ng (MT)	
Visual Inspection (VT)  Dye Penetrant Testing  Magnetic Particle Testin  Ultrasonic Testing (UT)  Radiographic Testing (I  Leak Testing (LT)	(PT) ng (MT) RT)	
Visual Inspection (VT)  Dye Penetrant Testing  Magnetic Particle Testin  Ultrasonic Testing (UT)  Radiographic Testing (I	(PT) ng (MT) RT)	

Enter date	
Representative NDE Reports	(e.g., UT, RT)
♣ Upload File	
Method Used for Ultrasonic	Γhickness Measurement (If Applicable)
Manual	
Automated (A-Scan)  Automated (Phased Array)	
Any Anomalies Found During Write something	g NDE and Corrective Actions Taken
Calibration Status of NDE Ed	uipment
Out of Calibration	
Out of Calibration	ty (MI) Program

Review and effectiveness of the Mechanical Integrity program, including preventative maintenance and condition monitoring.

Enter a number...

Last Visual Inspection Date
Enter date
Summary of Findings from Last Visual Inspection
Write something
NDE Techniques Used (e.g., UT, PT, MT, RT)
Ultrasonic Testing (UT)
Dye Penetrant Testing (PT)
Magnetic Particle Testing (MT)
Radiographic Testing (RT)
Other (Specify)
NDE Technician Certification Expiration Date (YYYYMMDD - Provide for each applicable technique)
Enter a number
Condition Monitoring Program Type
☐ Vibration Analysis
Oil Analysis
Temperature Monitoring
Pressure Monitoring
None

Enter date		
Inspection	of any Repairs or Remedial Actions Performed Since Last	
Write someth	ng	
Look Tooting	Mothod	
Leak Testing  Soapy Wate		
Halogen Le		
Helium		
Pressure D	ecay	
None		
MI Program	Reviewer Signature	
		)
lonogon	ant of Change (MOC)	
ianagen	nent of Change (MOC)	
sessment of I	MOC procedures related to pressure equipment.	
Describe the	Proposed Change	
NA fuita a sans atta	na	
Write someth	110	

Justification for the Change (Why is it needed?)
Write something
Type of Change (e.g., Design, Material, Procedure, Operation)
Design Modification  Material Substitution
<ul><li>■ Material Substitution</li><li>■ Operating Procedure Change</li></ul>
Equipment Repair/Replacement
Inspection Technique Change
Inspection recrimque Change
Affected Pressure Rating (psi/bar)
Enter a number
Affected Operating Temperature (°C/°F)
Enter a number
Enter a namber
Impact on Pressure Equipment Integrity?
☐ No Impact
Minor Impact
Moderate Impact
Significant Impact
Upload Relevant Drawings/Specifications (if applicable)
♣ Upload File

Date of MOC Implementation	
Enter date	
Reviewer Signature	
	)
Record Keeping & Documentation	
erification of adequate record keeping and documentation practices for pressure quipment.	
Date of Last Documentation Review	
Enter date	
Summary of Record Keeping System Description	
Write something	
Sample of Pressure Equipment Inspection Reports	
4 Upload File	
Number of Pressure Equipment Records Maintained	

Record Storage Method (Electronic/Paper/Hybrid)    Electronic   Paper   Hybrid
Description of Data Backup Procedures
Write something
Access Control to Pressure Equipment Records
Open Access
Restricted Access
Role-Based Access
Date of Last Audit of Record Keeping System
Enter date
Regulatory Compliance Confirmation of compliance with applicable regulations and industry standards.
Applicable Pressure Equipment Regulations
ASME Boiler and Pressure Vessel Code
European Pressure Equipment Directive (PED)
Local/National Regulations (Specify)
Other (Specify)

Specify 'Other' Regulation (If selected)	
Write something	
Last Inspection Date of Regulatory Documentation	
Enter a number	
Next Scheduled Regulatory Inspection/Audit	
Enter date	
Third-Party Inspection/Certification Required?  Yes  No N/A	
Upload Regulatory Compliance Documentation (e.g., permits, certificates)  L Upload File	
Name of Regulatory Body Contact Person	
Write something	
Permit/Certificate Expiration Date (YYYYMMDD)	
Enter a number	

Summary of any recent regulatory findings or non-conformances				
Write something				