**Pressure System / Vessel Registration Form *(PSR1 Form)***



This Form can be used to register and de-register a pressure system / vessel and to notify system modifications. Please complete electronically and return as indicated below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **New Pressure System Registration / 2. Existing Pressure System Modifications**   **/ 3. De-registration** *(please delete* ***1., 2., or 3.*** *as appropriate)* | | | | | |
| **PRESSURE SYSTEM / VESSEL** | | | | | |
| Age of Pressure System (approx) | |  | | | |
| Make & Model | |  | | | |
| Type of Equipment (eg autoclave) | |  | | | |
| Serial Number | |  | | | |
| ID Tag Reference Number | |  | | | |
| System Capacity | |  | | | |
| System Content (eg Argon) | |  | | | |
| Working Pressure (PSI or bar litres) | |  | | | |
| Is it part of building’s pressure system ie built into the building? (circle) | | YES | | | NO |
| Replacement / Expiry Date (if available) | |  | | | |
| Modification – provide summary | |  | | | |
| **ITEM LOCATION** | | | | | |
| College / School / Service | |  | | | |
| Building Name | |  | | | |
| Floor Number | |  | | | |
| Room Number | |  | | | |
| **COLLEGE / SCHOOL / SERVICE CONTACT DETAILS** | | | | | |
| **User’s  Contact Details** | Name: |  | | | |
| Ext No: |  | Email: |  | |
| **Nominated Person Contact Details** | Name: |  | | | |
| Ext No: |  | Email: |  | |
| **Date** |  | | | | |
| **Email completed Form as an attachment to Insurance Officer**,[**i.g.phillips@bangor.ac.uk**](mailto:i.g.phillips@bangor.ac.uk) **and cc** [**healthandsafety@bangor.ac.uk**](mailto:healthandsafety@bangor.ac.uk) **and Campus Services at** [**maintenance@bangor.ac.uk**](mailto:maintenance@bangor.ac.uk) **if the system impacts on the building infrastructure** | | | | | |