

EIGHT SCHEDULE

[Section 59]

THE OCCUPATIONAL SAFETY AND HEALTH ACT

[Section 59]

REPORT OF EXAMINATION OF AN AIR RECEIVER

Part I

1.	Name and address of owner	
2.	Address of place of work	
3.	(a) Date of construction (if ascertainable) (b) Brief history of air receiver (c) Has examiner seen the previous report	
4.	Description and distinguishing mark of receiver and type	
4A.	(1) Date of examination (2) Time of examination (3) Person met	
5.	Fittings (a) Are the required fittings and appliances provided in accordance with section 59? (b) Are all fittings and appliances properly maintained and in good condition?	
6.	Repairs (if any) required and period within which they should be carried out and any other condition which the examiner thinks it necessary to specify for securing safe working	
7.	Safe working pressure calculated from dimensions and from thickness and other data ascertained by the present examination (due allowance being made for the conditions of working if unusual or exceptionally severe) Where repairs affecting the safe working pressure are required, state the safe working pressure:— (a) before the expiry of period specified in 6 above; (b) after the expiry of such period if the required repairs have not been completed; and (c) after the completion of the required repairs.	

Part II

(Applicable to an air receiver which is not of solid drawn construction)		
8.	Condition of receiver: State cleanliness of receiver and any defects materially affecting the safe working pressure	} External } Internal
9.	Results of examination under normal pressure	
10.	Other observations	

Part III

(Applicable to an air receiver of solid drawn construction which cannot be examined internally)		
11.	Date of last previous hydraulic test and pressure applied	
12.	Receiver: (a) Hydraulic test pressure applied; (b) Result of hydraulic test; and (c) External condition (including cleanliness)	
13.	Other observations	
14.	Comments	

I certify that on.....

*(i) the air receiver described in Parts I and II above, was made accessible for thorough examination and on the said date I thoroughly examined this receiver, including its fittings.

*(ii) I examined the air receiver described in Parts I and III above, including its fittings and tested it hydraulically and the above is a true report of the results of my examination. I authorise the use of the above described air receiver for the period starting on and ending on

Signature of registered machinery inspector

Name:

Address:

Tel No.:

Date:

Note: * Delete whichever is not applicable.
