Pressure Vessel Equipment Change Form
(Air Receiver Tank and/or Boiler)

Date:_____/_____/_____ **Department:** _____ **Mail Code:** _____

Department Contact: _____ **Telephone # (**_____)_____- _____

ACTION REQUESTED

_____ **Add**
_____ **Delete** *(No longer University property)*
_____ **Inactive** *(Removed from service but still owned by University)*
_____ **Moved to new location ***

***** *If this is a location change, please specify NEW location:*

Building: _____ **Room/Location:** _____

LOCATION

_____ **Campus East Maintenance**
_____ **Campus West Maintenance**
_____ **Housing, Dining, & Hospitality Property Operations and Planning**
_____ **MARFAC**
_____ **Medical Center Facility** *(Please check location)*
_____ Hillcrest MC _____ Moore's Cancer Ctr _____ Shiley Eye Ctr _____ Thornton _____ Other
_____ **Research Facility *(please state location)*** _____
_____ **SIO Maintenance**
_____ **Other *(please state location)*** _____

DESCRIPTION

_____ **AIR RECEIVER TANK** **Capacity:**_____**psi**

_____ **BOILER**

_____ **Fire Tube Boiler**	***Type:***	_____ Steam	Heat	Power	_____ Process Steam	
_____ **Heat Transfer System**	***Type:***	_____ _____	Heat	Process Steam		
_____ **Water Tube Boiler**	***Type:***	_____ Exchanger	_____			
_____ **Other**	***Type:***	_____ Power Heat Exchanger				

CAMS UCID #:_____

Year Built: _____ **Manufacturer:** _____ **Model:** _____

CA State Serial #: _____ **National Board (N.B. #/SER. #):** _____

INSPECTION/PERMIT

Date Inspected:_____/_____/_____ **Permit Expiration Date:**_____/_____/_____

Location of Posted Permit: _____

***** Please fax completed form to EH&S Safety at (858) 822-3194 and Risk Management at (858) 534-5202 *****

Completed form may be emailed as an attachment to ehsrisk@ucsd.edu.

EH&S Safety & Risk Management Use - Database Action Date:_____ (Revised 8-5-14)