



DEPARTMENT OF OCCUPATIONAL SAFETY AND HEALTH
(MINISTRY OF HUMAN RESOURCES)

J.K.J 127

TEST FORM

Design Approval No:

Date:

For Office Use	
Bill No./Date	
Receipt No./Date	
Reg. No.	

Type of Unfired Pressure Vessel/Boiler			
Name and address of owner			
Name and address of applicant			
*Location of Unfired Pressure Vessel/Boiler			
Name of Manufacturer			
Plan No.			
*Serial No. of Unfired pressure Vessel/Boiler		Test Cert. No.	
		Year of Manufacture	
*Capacity/Heating Surface		Fuel	
Type of Test	*Hydrostatic/Pneumatic/Running		
Safe Working Pressure (kPa)	Shell: kPa (Psi)	Test Ref. No.	
	Tube: kPa (Psi)		
	Jacket: kPa (Psi)	Test Date	
Testing Pressure (kPa)	Shell: kPa (Psi)	Test Duration (min)	
	Tube: kPa (Psi)		
	Jacket: kPa (Psi)	Test Result	
Remark(s)			

*Delete where not applicable

Note: For registration, please submit this form to the Department of Safety and Health office where the unfired pressure vessel/boiler will be installed.

Witness by:

Department of Safety and Health
(state)