|  |  |
| --- | --- |
| Example: DOT Label | |
| Dewar Identification | |
| Owned by (Division) |  |
| Location (Bldg/Rm) |  |
| Make |  |
| Model |  |
| Serial number |  |
| Date of manufacture |  |
| **1. Visually inspect overall condition, including wheels (if any). Explain if fair or poor condition.**  Good  Fair  Poor | | | |
| Comments: | | | |
| **2. Functionality of pressure gauges**  OK: Range to       psig  Not OK | | | |
| Comments: | | | |
| 3. Pressure relief devices, including rupture disks, are intact and do not exceed max allowable working pressure (MAWP), specified in model number on nameplate.  OK: Range to       psig  Not OK | | | |
| Comments: | | | |
| **Inspection result:**  Passed Inspection  Correct issues noted above and re-inspect | | | |

**If dewar shows evidence of leaks; larger dents; missing wheel; rough use; significant rust or corrosion, or defective/damaged valves, safety devices, gauges, remove it from service until repaired and requalified.**

Inspected by (sign & print): Date:

Next inspection due (mo/yr):

|  |  |  |
| --- | --- | --- |
| Triennial Inspection, or  Re-inspection Date | Condition\* | Inspected by / Notes |
|  | Passed Inspection  Corrective actions noted |  |
| Next inspection due (mo/yr): | | |

|  |  |  |
| --- | --- | --- |
| Triennial Inspection, or  Re-inspection Date | Condition\* | Inspected by / Notes |
|  | Passed Inspection  Corrective actions noted |  |
| Next inspection due (mo/yr): | | |

|  |  |  |
| --- | --- | --- |
| Triennial Inspection, or  Re-inspection Date | Condition\* | Inspected by / Notes |
|  | Passed Inspection  Corrective actions noted |  |
| Next inspection due (mo/yr): | | |

**\*Tag dewar “OUT OF SERVICE” if inspection yields results other than passing recommendation.**