



PTW CHECKLIST - NO. 53		Title: Pressure Testing of Plant and Equipment	
Owner: Capability Coordinator			
Approver: Capability Coordinator		Max Validity Period: 5 yrs	
Permit No.:		Date:	
Latest Rev	Date	Details	Authorised By
4.0	Jan 2016	Full revision	S Elliott

Other Checklists That May Be Relevant: References: Eng W/I, EMD 402 sect 345/6, EMD 102 Sect 6.8, [WI-EP72.03-522](#) : Field Hydrotesting of Equipment

HRA Checklists:

PRIOR TO PERMIT ISSUE:

Tick when done

- | | | Y | N | NA |
|---|--|--------------------------|--------------------------|--------------------------|
| 1 | Equipment has been checked thoroughly and all components are in good condition, operating correctly and within certification. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are there situations where excessive pressure due to thermal expansion could occur. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Ensure the pressure source has a relief valve set pressure or a regulator set below the maximum design pressure of the system. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Test pressure has been specified by Mech Engineering,
Test Pressure: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | List the test medium, and any additives.

_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Check to ensure vessels and pipework, filled with liquid, do not exceed weight restrictions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PRIOR TO COMMENCING TASK:

Tick when done

- | | | Y | N | NA |
|----|--|--------------------------|--------------------------|--------------------------|
| 7 | The pipework is adequately anchored/supported. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Ensure that all attachments ie: relief valves or instruments, excluded from the test have been removed and/or isolated as agreed by procedure. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | All temporary materials are of the correct rating for the test, ie: flanges, spades, gaskets etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Ensure that the test relief valve exhaust is routed to a safe location. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Barriers and warning signs have been erected. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Ensure vent valves are fitted at all high points, to evacuate trapped air. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ON COMPLETION OF TASK:

13 Ensure testing medium is disposed of appropriately.

Y	N	NA
<input type="checkbox"/>		

14 A "line walk" has been conducted to ensure all equipment is reinstated as per procedure.

<input type="checkbox"/>	<input type="checkbox"/>
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