**Review/Approval of R&D Pressure Systems**

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| **Review Requirements** | **Entry Field** | **Completed** |
| Date |  |  |
| Researcher Name |  |  |
| Researcher Z# |  |  |
| **PSCS Tag Number** |  |  |
| Location (TA-Building-Room) |  |  |
| Experiment Number (TA-Bldg-Rm-#) |  |  |
| Pressure System Description |  |  |
| Pressure |  |  |
| Drawings |  |  |
| Sketches |  |  |
| Calculations |  |  |
| Examination of Materials |  |  |
| Examination of in-process Fabrication |  |  |
| Relief Device Issue Date |  |  |
| Relief Device Due Date |  |  |
| Non-destructive Testing |  |  |
| Acceptance Testing |  |  |
| Peer Review Required? | Yes/No |  |
| Peer Review Name |  |  |
| Peer Z# |  |  |
| Peer Signature |  |  |
| *PSO Review Required?* | *Yes/No* |  |
| *PSO Name* |  |  |
| *PSO Z#* |  |  |
| *PSO Signature* |  |  |
| *PSO Permit to Operate?* | *Yes/No* |  |
| *CPSO/DCPSO Certification Required?* | *Yes/No* |  |