



Station No. _____ Division _____ Wall Map, Plat, Block _____
Location _____ Stage _____

Run: Left, Middle, Right, Top, or Bottom (Looking Downstream)
Employee (LAN ID / Initial):
Date:
Supervisor (LAN ID / Initial):
Date:

Table with columns: Task Description, Result, and multiple empty columns for data entry.

TYPE OF INSPECTION (circle either A or B)

Table with columns: As Found and As Left Settings, and multiple columns for AF and AL results under A and B inspection types.

* If pre-entry air testing indicates unacceptable results per GIB 280, entry must be conducted in accordance with confined space entry procedures (S4414 and/or S2013)

Enter yes, no; good, poor; pressure, pass, no pass; control loop includes filter, variable restrictor, and tubing; (line out all non-applicable boxes).

On back of this form show any corrective work done, other than inspection and testing.

- 1. Pressure setting changes and reason
2. Parts replacement and reason
3. Component replacement ("District Regulator Data Sheet" must be updated)
4. Leak repairs or equipment repair
5. Miscellaneous work such as sump/pits, touch-up painting, filter blowdown or cleanout, etc.
6. Valve flushed and/or greased



Date	Comments or Record of Corrective Maintenance