

CERTIFICATE OF INSPECTION OF PRESSURE VESSELS

**GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE**

BUILDING	CITY
UNIT NO.	REGION
TYPE OF SERVICE	MAXIMUM PRESSURE PER SQUARE INCH

THIS EQUIPMENT HAS BEEN INSPECTED AND
APPROVED FOR OPERATION AT THE MAXIMUM
PRESSURE NOTED.

INSPECTED		
DATE	CHIEF OPERATING ENGINEER (<i>Signature</i>)	INSPECTOR (<i>Signature</i>)

ACKNOWLEDGMENT OF INSPECTION CERTIFICATE

PRESSURE VESSELS

BUILDING	CITY
UNIT NO.	REGION
TYPE OF SERVICE	MAXIMUM PRESSURE PER SQUARE INCH

CERTIFICATION

I CERTIFY THAT THE ORIGINAL OF THIS CERTIFICATE OF INSPECTION OF PRESSURE VESSELS (GSA FORM 1034) HAS BEEN COUNTERSIGNED BY THE CHIEF OPERATING ENGINEER AND POSTED IN A POSITION ADJACENT TO THE APPLICABLE PRESSURE VESSEL. THE CERTIFICATE ALSO INDICATES THAT THE EQUIPMENT INSPECTED HAS BEEN APPROVED FOR OPERATION AT THE MAXIMUM PRESSURE NOTED.

DATE	SIGNATURE OF SUPERINTENDENT
------	-----------------------------