

NATIONAL BOARD PRESSURE RELIEF DEPARTMENT - CONTROL SHEET

COMPANY NAME: _____
 (As it appears on your *Certificate of Authorization*)

Plant Address (cannot be a PO Box)

Plant Contact:

Name: _____

Title: _____

Phone: _____

Email: _____

Please check the days of the week that your company is open for business:

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Hours of operation: _____

Please check if any safety items below are required for the Team Leader:

- Safety Shoes
 Safety Glasses
 Hard Hat
 Gloves
 Other: _____

What is the earliest date you are available for a visit?

(your visit should be conducted no fewer than 6 months prior to your expiration date to ensure all testing can be completed prior to expiration)

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What weeks or dates are not acceptable for your visit?

(Due to holidays, plant shutdown, etc.)

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NOTE: The above information will be used to schedule your visit. Be sure to list all dates which must be avoided in scheduling. Any scheduled visit dates which are changed or cancelled may result in a penalty charge.

Travel and Lodging:

Recommended Airport: Name of Airport: _____

City: _____ Three Letter Airport Code: _____

Do you recommend renting a car?
 YES
 NO
 If "NO" is marked, list an alternate mode of transportation: _____

Recommended Hotel/Motel for Review Team: _____

Hotel Address: _____	Hotel Phone: _____
	Miles from airport to lodging: _____
	Miles from lodging to plant: _____

Testing & Spares: Will spare valves be submitted?
 YES
 NO

Certification Testing Location:
 National Board Testing Laboratory
 Other: _____

X _____
 Signature of Authorized Company Representative

 Date

 Printed Name of Authorized Company Representative

 Printed Title of Authorized Company Representative

Submit completed form to:
 National Board Testing Laboratory
PRD@nationalboard.org
 or
 7437 Pingue Drive
 Worthington, Ohio 43085

Please Note: An incomplete/improperly completed form may delay the processing of this request. Please be sure your form is complete before submitting.