

# Argent Inspections

## Form AI-04

## Pressure Vessel Inspection Report

Inspection Date 10/28/2019	Certificate Issued Yes	Expiration Date 10/28/2022	Prepared for Inspection No	Inspection Type: <input type="checkbox"/> Internal <input checked="" type="checkbox"/> External <input checked="" type="checkbox"/> Operational <input checked="" type="checkbox"/> Pressure	
Customer 99th R5Z1 MD021 USARC Rockville			UPV Location Name and/or Building Number		
Address 1850 Baltimore Rd			UPV Location Address Motor Pool		
City Rockville	State MD	Zip 20737	City	State	Zip
National Board # 500908	Property #	Manufacturer Manchester	Serial Number		
Pressure Vessel Type <input checked="" type="checkbox"/> Air Receiver <input type="checkbox"/> Autoclave <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Hot Water <input type="checkbox"/> Nitrogen <input type="checkbox"/> Oxygen <input type="checkbox"/> Other					
Capacity 21 cubic feet	Design Pressure 200 psi	Operating Pressure 160 psi	Test Pressure 160 psi	Number of Safety Valves 1	
Valve 1	Valve Manufacturer CDI	Size 1/4"	Capacity (CFM) 175 scfm	Setting (PSI) 200 psi	Valve Condition Sat
Valve 2					
Reason(s) for Declining Certification					
Comments This air receiver was inspected per UFC 3-430-07 and the National Board Inspection Code. Vessel exterior is in good condition. Distribution piping should be tightened near the head of the air receiver. The Ultrasonic baseline measurement did not reveal any weak courses or vessel thinning. The safety relief valve was lifted by hand. The tech on site did not have the tools to open the vessel for internal inspection.					
Inspector Commission 13314	Inspector Craig H. Bennett	Signature 			
Attachments Yes 1 Pages	Jerry Kuykendall	Signature			

## Argent Inspections

**Form AI-09**

### Pressure Vessel Inspection Certificate

Expiration Date <b>10/28/2022</b>	Inspection Date 10/28/2019	National Board # 500908	Pressure Allowed 200 psi	Capacity 21 cubic feet
Customer 99th R5Z1 MD021 USARC Rockville		Manufacturer Manchester	Year Built	
Location/Building #		Serial #	Property #	
Inspection Type(s) Performed		Vessel Type		
<input checked="" type="checkbox"/> External <input type="checkbox"/> Internal <input checked="" type="checkbox"/> Operational <input checked="" type="checkbox"/> Pressure		<input checked="" type="checkbox"/> Air Receiver <input type="checkbox"/> Autoclave <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Hot Water <input type="checkbox"/> Nitrogen <input type="checkbox"/> Oxygen <input type="checkbox"/> Other		
Commission # 13314	Inspector: Craig H. Bennett			
Signature <i>Craig Bennett</i>				

*POST THIS CERTIFICATE UNDER GLASS ON OR NEAR CERTIFIED Vessel*