Valve Inspection

Operator / Area _____ Date _____

Emp/ID _____ OQ _____

Emp/ID _____ OQ _____

Inspection Guidance:

Request previous inspection.

Pressure Gauge Calibration:	
Id #	date

				192.179(b)(1)			192.179(b)(2)					
Line name	Valve #	Address	Above/ Buried/ Vault*	Accessible operating device	Protected from tampering	Protected from damage	Supported	Full / Partial / Inop	Remote controlled	Pressure monitored	AOC	Notes
				Y/N	Y/N	Y/N	Y/N		Y/N			