

PRESSURE RELIEF DEPARTMENT CONTROL SHEET

Company Name: _____

Department, Division, Etc. (if applicable)

Plant Address (cannot be a PO Box): _____

Plant Phone: _____

Plant Fax: _____

Plant Contact: _____

Title: _____

Email: _____

Alternate Contact: _____

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)

What weeks or dates are not acceptable for your visit?

(Due to holidays, plant shutdowns, etc.)

Please mark the days and hours of the week that your company is open for business:

Sunday
Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

Hours of Operation: _____

**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.*

Certification Testing Location: National Board Testing Laboratory Other: _____

Will spare valves be submitted? Yes No

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

Safety Shoes
Safety Glasses
Hard Hat
Gloves
Other: _____

Recommended Airport:

Name of Airport _____
City _____
Three Letter Airport Code _____
Miles from Airport to Lodging _____

Do you recommend renting a car?

Yes
No

Alternate mode of transportation (if applicable):

Recommended Hotel/Motel

First Choice:

Hotel/Motel Name _____

Address _____

Telephone _____

Miles from lodging to shop (review/visit location) _____

Second Choice:

Hotel/Motel Name _____

Address _____

Telephone _____

Miles from lodging to shop (review/visit location) _____

NOTES: Return this form with your advanced deposit (if applicable) and other relevant paperwork. Be sure your form is COMPLETE before submitting. An incomplete/improperly completed application/control sheet may delay the processing of this request.

Submit completed form(s) to: *National Board PRD, 7437 Pinque Drive, Worthington, OH 43085 United States* OR prd@nationalboard.org

Signed: _____

Title: _____

Date: _____