

REGULATOR INSPECTION REPORT

FORM 6

COMPANY: _____

Location: _____

Regulator Information

Make: _____ **Type:** _____

Size: _____ **Office Size:** _____

Pressure Rating: Inlet: _____ **Outlet:** _____

M.A.O.P. of System to which it is Connected: _____

Operating Pressure: Inlet: _____ **Outlet:** _____

Lock Up Pressure: _____

Monitoring Regulator or Relief Setting: _____

Was the Regulator Stroked (to fully open)? Yes _____ No _____

General Condition of the Station:

Atmospheric Corrosion: Yes _____ No _____

Support Piping Rigid: Yes _____ No _____

Station Guards: Yes _____ No _____

Area Clean of Weeds and Grass: Yes _____ No _____

Capacity at Inlet and Outlet pressure: _____

Corrections Made: _____

Remarks: _____

Inspector: _____

Signature: _____ **Date:** _____