

**SWAZILAND GOVERNMENT
DEPARTMENT OF LABOUR**

**REGISTRATION OF A PRESSURE VESSEL (Other than a boiler Under
the Factories, Machinery & Construction Works Regulations 104 to 119)
To: The Commissioner of Labour, P. O. Box 198, Mbabane.**

State the Official name of the Company or person in whose name the pressure vessel is to be registered)

Address.....

Location of premises (plot, street, town)

Telephone Fax Contact Person

PARTICULARS OF THE PRESSURE VESSEL:

1. Department where vessel located
2. Type of Pressure Vessel (model etc.).....
3. Manufacturer..... 4. Serial Number,
5. Year manufactured.....6. Manufacturer's Working Pressure.....
7. Code of manufacture 8. Country of Origin
9. New or second hand 10. Authorized safe working pressure
11. What will be/being used for.....

State whether the following are provided (yes or No, if Yes how many ?):

12. Manholes and handholes
13. Pressure gauge 14. Safety Valve
15. Stop valves 16. Test cocks
17. Drain (valve or cock), 18. Reducing valve
19. Level indicator 20. Nnumber plate.....
- Any other items

The above particulars are being submitted under the above Regulations

On (Date) Name (Print Full name).....

Signature

FOR OFFICIAL USE ONLY

1. Date Application received:

2. Received by (Name and Designation)

3. Date Permission granted to use.....

4. Official Number allocated

5. Remarks

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Name of the Factories Inspector

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Signature and Date