

Brunswick Scuba

174 County Pond Road
Freeman, Virginia 23856



Visual Inspection Release Form

To Our Valued Customer,

To ensure the safety of all who may come in contact with SCUBA and SCBA and other high pressure cylinders; we fill, handle and use only those cylinders which have a current hydrostatic test mark (5 or 3 years) and have a valid, recognized visual inspection sticker (one year or less). We can arrange these services if your cylinder does not currently comply. We conduct the most precise, technically detailed and federally compliant visual inspection of high pressure cylinders in the industry today. We use the respected and recognized PSI-PCI, Inc. 18 Step Protocol and insist on accurate assessment of your cylinder to these high standards for both your safety and ours. When a cylinder fails our comprehensive evaluation, you may be certain that a significant potential danger has been identified. We will show you both the problem and the documents that guided our decision.

Our cylinder inspector is formally trained and is certified to perform the vital visual cylinder inspection safety inspection. He/she cannot knowingly allow a cylinder having damage exceeding the allowable limits to remain in service. Therefore, you are hereby informed that should your cylinder fail our formal and documented visual safety inspection, it will be condemned after showing you the damage and decision reasoning. After required codes and threads have been obliterated, as a conspicuous disabling measure, the cylinder and valve will be returned to you.

To Visual Cylinder Inspector:

I, [redacted], owner (or authorized representative) of high pressure cylinder, serial number(s) noted on second page, have requested your visual inspection and/or hydro test service. I understand that these vital safety examinations are needed at prescribed intervals to ensure the cylinder is safe for filling and continued service. I have been informed that various damaging factors, such as those described in the book *Inspecting Cylinders*, by William L. (Bill) High and Mark A. Gresham, and/or Luxfer's *Guide to Scuba Cylinder Visual Inspection* and/or manufactures bulletins may cause my cylinder to fail either assessment.

I agree, as a condition of having either service performed on my cylinder, that the cylinder may be conspicuously disabled if it does not meet the accepted standards of quality and I receive a written report which identifies the reason for failure. Also, I will have the disabled cylinder and all components returned to me.

If Oxygen Cleaned *ini* [redacted] I acknowledge that it is my responsible to maintain the cylinder in oxygen cleaned condition and that should I allow it to become contaminated, I will remove all oxygen cleaned labels. *ini* [redacted]

Customer Signature [redacted] Date [redacted]

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Visual Cylinder Inspection Evaluation Form

Owners Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

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Cylinder Working Pressure: _____ Manufacture: _____ Original Hydro: _____ Current Hydro: _____

Serial Number: _____ Color: _____ Metal Type: _____ Valve Type: _____ Boot: _____

Evidence of Heat Damage: Y N Repainting: Y N Odor: Y N Bulges: Y N

Description of External Surface: _____

Gouges, Pits, Dings > 0.015: _____

Around or Under Boot: _____

Good ____ Marginal ____ Unacceptable ____

Amount and Composition of Content: _____

of Internal Surface: _____

Description, Depth of any Pitting or Cracks: _____

Assessment: Good ____ Marginal ____ Unacceptable ____

Description of Threads: _____

Assessment: _____

VE: Y N O-Ring Surface: _____

Thread Assessment: Good ____ Marginal ____ Unacceptable ____

Burst Disk: _____ Replaced: Y N O-Ring: _____ Dip Tube: _____

Valve Manufacture: _____ Serviced: Y N _____

Overall Cylinder Assessment: Good ____ Marginal ____ Unacceptable ____

Oxygen Cleaned Y N *ini* ____ I certify this cylinder has been cleaned to standards, CGA G 4.1, PSI-PCI 18 step protocol, and us suitable for oxygen service on this date. The cylinder owner is now responsible for maintaining the oxygen cleaned status.

Visual Inspection Sticker Affixed: Y N Date: _____ Inspectors Signature: _____

Disposition: Tumble, Clean Needed Y N Hydro Needed Y N Discard Y N Oxygen Cleaning Y N *ini* _____

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N/A – Not Applicable
 N/N – Nothing Noticed
 N/S – None Seen
 M/S – Meets Standards
 N/D – None Detected
 U/R – Un-Remarkable
 S/C – Surface Corrosion
 W/T – Standard Wear & Tear
 C/F – Cosmetic Flaw
 Pit – Include Depth & Location



The undersigned inspector certifies that this inspection will be done in accordance with DOT, CGA, OSHA and PSI prescribed guidelines and standards.

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Equipment Repair and Inspection Evaluation Form

Owners Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Item(s) to be Inspected and Repaired:

1. _____ Manufacture: _____ Serial Number: _____ Color: _____
2. _____ Manufacture: _____ Serial Number: _____ Color: _____
3. _____ Manufacture: _____ Serial Number: _____ Color: _____
4. _____ Manufacture: _____ Serial Number: _____ Color: _____
5. _____ Manufacture: _____ Serial Number: _____ Color: _____

Evidence of Damage: Y N Description of Damage: _____

Repair / Inspection Description: _____

Inspectors Signature: _____ Date: _____

I, _____, owner (or authorized representative) of the
aforementioned equipment, have requested an inspection and/or service / repair. I understand that these vital safety
examinations are needed at prescribed intervals to ensure safe operation and continued service. I authorize inspection
and/or service / repair in the amount of \$ _____ and should repair be estimated to be over this amount my
authorization, telephonic, email or in person, will be required to continue.

I agree, as a condition of having my equipment inspected and/or serviced / repaired that if it does not meet the
accepted standards of quality and I receive a written report which identifies the reason for failure. Also, I will have the
equipment and all components returned to me.

Customer Signature _____ Date _____