

# 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. We **will** render the cylinder unusable if condemned.

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.

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To Visual Cylinder Inspector:

I, \_\_\_\_\_, owner (or authorized representative) of high pressure cylinder, serial number \_\_\_\_\_, 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.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Visual Cylinder Inspection Evaluation Form

Owners Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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X  
T  
E  
R  
N  
A  
L

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: \_\_\_\_\_

Location of Gouges, Pits, Dings > 0.015: \_\_\_\_\_

Corrosion Around or Under Boot: \_\_\_\_\_

External Assessment: Good \_\_\_\_\_ Marginal \_\_\_\_\_ Unacceptable \_\_\_\_\_

Amount and Composition of Content: \_\_\_\_\_

Description of Internal Surface: \_\_\_\_\_

Location and Description, Depth of any Pitting or Cracks: \_\_\_\_\_

Internal Assessment: Good \_\_\_\_\_ Marginal \_\_\_\_\_ Unacceptable \_\_\_\_\_

Description of Threads: \_\_\_\_\_

Crack 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 \_\_\_\_\_

Visual Inspection Sticker Affixed: Y N      Date: \_\_\_\_\_ Inspectors Signature: \_\_\_\_\_

Disposition: Tumble, Clean Needed Y N      Hydro Needed Y N      Discard Y N

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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: \_\_\_\_\_

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Repair / Inspection Description: \_\_\_\_\_

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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 \_\_\_\_\_