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IDEST

D079

C1

Cylinder Booking in Form.

e.g 24/06/26/8a

Owner: Mr/Mrs/Ms _____ **Job No.** __/__/__

Address: _____

Post Code: _____ Tel No: _____

Cylinder: Make _____ Serial No /I.D _____ Date Required: _____

Customer Requirements:

Cylinder: Visual PIAT Eddy Current Test **Valve:** Service Replace

Risk Assessment:

Sector: Recreational Offshore Inshore Media Scientific Police MoD

Cylinder Use: Risk of Water Ingress Y N

Other: (Please state) _____

I, _____ accept that the above cylinder and valve will be tested and/or inspected in accordance with the manufacturers requirements, BS EN ISO 18119:2018 +A1:2021 (Steel and Aluminium) or BS EN ISO 11623: 2015 (Composites) as applicable and IDEST CP11:2022. In the event of either the cylinder or the valve failing to meet the appropriate standard, it will be destroyed and not returned to me. Cylinders and / or valves will not be returned separately. I also accept that goods not collected within 3 months will be sold to defray costs.

Please carry out the work required to return the cylinder and valve to service.

Customer Signature: _____

Work carried out by _____ IDEST Technician

Test Type: PIAT Visual £ _____

External/Internal Blast: Yes No £ _____

Valve Replacement: Yes No £ _____

O2 Cleaning: Yes No £ _____

Total £ _____

Equipment collected by (Print name): _____ Date: _____

Address (If not owner) _____

Collectors Signature _____ Tel No: _____



Customers Receipt – Cylinder Test

Job No. __/__/__

Name _____

Date _____

Received for Test/ Inspection: _____ on behalf of Test Centre

Please retain receipt for cylinder collection