

7. Date of last hydraulic test (if any) and pressure applied
 8. Is the vessel in open, or otherwise exposed to weather or to damp ?
 9. What parts (if any) were inaccessible ?
 10. What examination and tests were made? (specify pressure if hydraulic test was carried out).....
 11. Condition of vessel (state any defects materially) affecting the safe working pressure or the safe working pressure of the vessel)

External.....		Internal.....
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 12. Are the required fittings and appliance provided in accordance with the rules for pressure vessels ?
 13. Are all fittings and appliances properly maintained and in good conditions?.....
 14. Repairs (if any) required, and period within which they should be executed and other condition which the person making the examination thinks it necessary to specify for securing safe working
 15. Safe working pressure, calculated from dimensions and from the thickness and other data ascertained by the present examination, due allowance being made for conditions of working if unusual or exceptionally severe (state minimum thickness of walls measured during the examination).....
 16. Where repairs affecting the safe working pressure are required state the working pressure.....
 - (a) Before the expiration of the period specified in (14)
 - (b) After the expiration of such period if the required repairs have not been completed
 - (c) After the completion of the required repairs
- I certify that on the pressure vessel described above was thoroughly cleaned and (so far as its construction permits) made accessible for thorough examination and for such test as were necessary for thorough examination and that on the said date, I thoroughly examined this pressure vessel, including its fittings, and that the above is a true report of my examination.
- Signature.....
- If employed by a Company or
Association, give name and address. Qualification
- Address.....
- Date.....

FORM NO. 9
[PRESCRIBED UNDER RULE 76]
Register of Compensatory Holidays

Serial No.	Number in the register of workers	Name & residential address of the worker	Group or relay No.	Number & date of exempting order	Date of compensatory holiday given in	
					Weekly days lost due to the exempting order in	Remarks
1					Year	Lost rest days carried to the next year
2				January to March	April to June	July to September
3				July to September	October to December	January to March
4				October to December	April to June	July to September
5				January to March	April to June	July to September
6				July to September	October to December	January to March
7				October to December	April to June	July to September
8				January to March	April to June	July to September
9				July to September	October to December	January to March
10				October to December	April to June	July to September
11				January to March	April to June	July to September
12				July to September	October to December	January to March
13				October to December	April to June	July to September
14				January to March	April to June	July to September
15				July to September	October to December	January to March
16				October to December	April to June	July to September
17				January to March	April to June	July to September
18				July to September	October to December	January to March
19				October to December	April to June	July to September
20				January to March	April to June	July to September