Wraysbury Dive Centre
Station Road, Wraysbury
Berkshire
TW195ND / 01784 488007

WRAYSBURY DIVE CENTRE
www.wraysbury.ws

IDEST

D079

Cylinder Booking in Form.

Owner: Mr/Mrs/Ms _____

Email Address:_____

Tel No: _____

Cylinder: Make Serial No./I.D._____ Capacity: _____

Customer Requirements:

Cylinder: Visual ☐ PIAT ☐ **Valve:** ☐ Service ☐ Replace

Risk Assessment:

Sector: Recreational ☐ Offshore ☐ Inshore ☐ Media ☐ Scientific ☐ Police ☐ MoD ☐

Cylinder Use: Risk of Water Ingress Y ☐ N ☐

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: 2023 (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 and that the full cost of the test is payable. Cylinders and / or valves will not be returned separately.

Please allow a minimum of 2 weeks for testing – you will be notified by email when work is completed. Goods not collected will be sold to recoup costs after 3 months unless other arrangements have been made in writing to Wraysbury Dive Centre.

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

Customer Signature: _____

Work carried out by _____

Test Type:	PIAT ☐ Visual ☐		£_____/_____
External/Internal Blast:	Yes ☐	No ☐	£_____/_____
Valve Replacement:	Yes ☐	No ☐	£_____/_____
O2 Cleaning:	Yes ☐	No ☐	£_____/_____
		Total	£_____/_____

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

Collectors Signature _____ Tel No: _____

_____ ✂

Customers Receipt – Cylinder Test

Name _____ Date_____

Received for Test/ Inspection: _____on behalf of Test Centre

Please retain receipt for cylinder collection