FORM Q-108
RECOMMENDED FORM FOR QUALIFYING THE VESSEL DESIGN AND THE PROCEDURE SPECIFICATION USED IN FABRICATING CONTACT-MOLDED, FIBER-REINFORCED PLASTIC PRESSURE VESSELS (CLASS I)
(Revision B — 2011)

(A change in any of the essential variables denoted by an asterisk below requires a new Procedure Specification.)

I. Procedure Specification Number _____

II. Vessel or Vessel Part Identification _____
(Use separate sheet for each separate part or component)

III. Materials for Vessel/Vessel Part or Secondary Overlay

Reinforcements	*Fiber Type	*Fiber Form	*Manufacturer	*Manufacturing No.
1. Material No. 1				
2. Material No. 2				
3. Material No. 3				
4. Material No. 4				

Resin System	Material Type	Manufacturer	Manufacturing No.
*1. Resin			
*2. Catalyst			
*3. Promoter			

IV. Laminate Construction for Vessel or Vessel Part (Use separate sheet for each part)

*Total Number of Plies _____ Total Thickness _____

*Ply Sequence and Orientation (Ply No. 1 next to process)

Ply No.	Fiber Material No.	Fiber Orientation	Reference Axis

(Use additional sheets if necessary)

*Cure Method _____ *Post Cure _____ °F (°C) _____ hr

*Design Barcol Hardness _____ +/− _____

*Design Fiber by Weight _____ % +/− _____ %

V. Assembly of Vessel Parts

Bond to Join Vessel Part A _____ to Vessel Part B _____
(Use separate sheet for each Joint)

*Method of Surface Preparation for Secondary Overlay _____

*Distance of S.P. From Mating Joint: Part A _____ in. Part B _____ in.

Overlay Construction — Interior Surface (if applicable)

*Number of Plies _____ Thickness _____ *Overlay Length _____

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*Ply Sequence and Orientation (Ply No. 1 next to joined parts)

Ply No.	Fiber Material No.	Fiber Orientation	Reference Axis

(Use additional sheets if necessary)

*Cure Method _____ *Post Cure _____ °F (°C) _____ hr

*Design Barcol Hardness _____ +/– _____

*Design Fiber by Weight _____ % +/– _____ %

Overlay Construction — Exterior Surface

*Number of Plies _____ Thickness _____ *Overlay Length _____

*Ply Sequence and Orientation (Ply No. 1 next to joined parts)

Ply No.	Fiber Material No.	Fiber Orientation	Reference Axis

(Use additional sheets if necessary)

*Cure Method _____ *Post Cure _____ °F (°C) _____ hr

*Design Barcol Hardness _____ +/– _____

*Design Fiber by Weight _____ % +/– _____ %

VI. Summary

Component/Part Fabrication

No.	Part Identification	Procedure Specification
1		
2		
3		
4		
5		
6		

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FORM Q-108 (CONT'D)
(Revision B — 2011)

Component/Part Assembly No.	Part A	To	Part B	Procedure Specification No.
1				
2				
3				
4				
5				
6				

*Vessel Volumeric Expansion _____ $in.^3$ (mm^3)

*Vessel Weight _____

Qualification

Vessel(s) Serial Number(s) _____

Design Report Number _____

Test Report Number _____

ASME Section X _____ _____
Edition and Addenda (if applicable) Date — Code Case No.

We certify that the statements made in this Specification are correct.

Date _____ (mm/dd/yyyy) Signed _____ (Fabricator)

By _____

Certificate of Authorization No. _____ Expires _____ (mm/dd/yyyy)

CERTIFICATION BY SHOP INSPECTOR
OF QUALIFICATION OF DESIGN AND FABRICATION PROCEDURE

Procedure Specification of _____ at _____
for _____ process of fabricating vessel(s) described in
_____ (User) Design Specification and _____ (Fabricator)

Design Report number _____

I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors and employed by _____ of _____ have inspected the components described in Part I of the Procedure Specification and have examined the Quality Control records documenting its fabrication and state that, to the best of my knowledge and belief, the Fabricator has fabricated the vessel component(s) in accordance with this Procedure Specification and the requirements of Section X of the ASME BOILER AND PRESSURE VESSEL CODE, Fiber-Reinforced Plastic Pressure Vessels.

By signing this certificate neither the Inspector nor his employer makes any warranty, expressed or implied, concerning the design procedure covered by the Fabricator's Design Report. Furthermore, neither the Inspector nor his employer shall be liable in any manner for any personal injury or property damage or loss of any kind arising from or connected with this inspection.

Date _____ (mm/dd/yyyy) Commission _____ (National Board Number and Endorsement)

_____
(Authorized Inspector's Signature)

(07/11)

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