FORM CPV-2

RECOMMENDED FORM FOR QUALIFYING THE LAMINATE DESIGN AND THE LAMINATE PROCEDURE SPECIFICATION USED IN THE FABRICATION OF COMPOSITE REINFORCED PRESSURE VESSELS (CLASS III) (Revision A — 2017)

As required by the Provisions of the ASME Boiler and Pressure Vessel Code

Qualification Test Report No			
Laminate Procedure Specification No.			
A change in any of the essential variables der	•	low requires a new Laminate Procedure Spe	cification.
"FIDEI	(Manufacturer and Designa	ition)	
*Sizing or Finish			
*D	(Manufacturer and Designa	ition)	
*Resin	(Type, Manufacturer, and Des	ignation)	
*Curing Agent			
	(Type, Manufacturer, and Des		
Curing Agent/Resin Ratio			
Viscosity of Resin System ————————————————————————————————————	– cP (min.) to ———	cP (max.) @	°F (°C)
*Manner of Impregnation			
	(Prepregnation, Wet Wind	, Postpregnation)	
*Percent Fiber by Weight in Composite	[See Note (1)]		
*Variables of Winding Process [See Note (2)]			
		_ (Measured on Cylinder Between Axis and E	
Circumferential Band Density		end/in. (mm)	
Circumferential Band Width		in. (mm)	
Tension: Per Strand (End), Roving, or Ban	d (Specify Which)	lb. (kg) per	·
Method of Control	Program .		
Layer Sequence	[See Note (2)]		
*Primer			
	(Type, Manufacturer, and Des	ignation)	
Primer Application Method			
*Primer Curing Schedule	°F (°C) for	hr min	

NOTES:

- (1) Where a range of values or a tolerance applies, state the applicable range or tolerance.
- (2) Use "O" to indicate full layer of circumferential windings (down and back), include number of passes. Use "o" to indicate half layer of circumferential windings (single pass).

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Exterior Treatment (Non-Structural	, Describe)			
Fiber Type	Fiber Forn	m Manufactu	rer Manufacturer No.	
Material No. 1				
Material No. 2				
*Inner Liner	(Mate	rial, Grade, and Thickness [see No	nte (1)])	
*Liner Size and Configuration			(Cylindrical, Spherical, Other)	
		psi (kPa) Method of Measurement(If Other Than ASTM		
Interlaminar Shear Strength				
Acoustic Emission Examination Re	port Number			
*Laminate Curing Schedule	°F (°C) for	hr	min	
	°F (°C) for	hr	min	
	°F (°C) for	hr	min	
	°F (°C) for	hr	min	
	°F (°C) for	hr	min	
Manner of Measuring Temperature	: Oven Air	Wrong Surfac	ce	
Vessel Head	Other (Des	scribe)		
*Barcol Hardness	(Use a congrate cheet to record i	ndividual readings and their locat	ion (see Note (1))	
Laminate Thickness		ndividual readings and their locat		
*Volumetric Expansion	•	•	ion [see Note (1)].)	
Gel Time	min Pea	ak Exothermic Temperatuı	re°F (°C	
Minimum Temperature Cycle Test:	from	psi (kl	Pa) to psi (kPa) at	
		;) maximum test temperat		
Maximum Temperature Cycle Test:	from	psi (k	Pa) to psi (kPa) at	
		;) minimum test temperat		
Burst Pressure	psi (kPa) Qualification Pressure psi (kPa			
Mode of Failure				

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ASME BOILER AND PRESSURE VESSEL CODE, Section X	(Year)	[Addenda (if applicable) Date] (Case No.)				
We certify that the statements in this Specification are correct:						
Date,Signed		(Fabricator)				
Ву		(i abricator)				
Certificate of Authorization Number	_ Expires					
CERTIFICATION BY SHOP INSPECTOR OF QUALIFICATION OF LAMINATE DESIGN AND LAMINATE PROCEDURE SPECIFICATION						
Laminate Procedure Specification of						
ForUser's Design Specification Number						
Fabricator's Design Report Number I, the undersigned, holding a valid commission issued by the National Board of Boiler and Pressure Vessel Inspectors						
and/or the State or Province of						
		• •				
have inspected the pressure vessel and witnessed tests described in the Qualification Test Report of the Laminate Design and Procedure Specification and state that to the best of knowledge and belief, the Fabricator has constructed this part in accordance with the ASME BOILER AND PRESSURE VESSEL CODE, Section X, Class III and the Laminate Design and Procedure Specification being qualified. By signing this certificate, neither the inspector nor his employer makes any warranty, expressed or implied, concerning the design or procedure covered by this Qualification Test 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 Signed(Authorized Inspector		nissions (National Board Authorized Inspector Number)				