

PRESSURE TEST RECORD

Test No.: _____ Job No.: _____

Company: _____ Division: _____

Location / Address of line:

Check at least one: Yard line Service line Main Transmission

Type of pipe: P.E. Steel Other: _____ Pipe Specifications: _____

Pipe diameter: _____ Length of pipe tested: _____ Wall thickness / SDR: _____

M.A.O.P. of line: _____ Test pressure required: _____ Test time required: _____

(plastic lines must be at least 150% of the MAOP or 50 psig whichever is higher)

Test medium: Air Water Natural gas Nitrogen Other: _____

FIELD DATA

Starting pressure: _____ Starting time: _____

Ending pressure: _____ Ending time: _____

Pressure lost or gain: _____ Total test time: _____

Reason for loss / gain:

Corrective measures taken:

Signed by: _____
(person responsible for test)

SKETCH OR COMMENTS