



# Chapter 14: [Pressure Systems](#) Pressure Test Record Form

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 URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/pressureFormTestRecord.pdf>

**ENVIRONMENT, SAFETY & HEALTH DIVISION**

This form is required for documenting the results of every pressure test. Both the mechanic performing the test and the inspector witnessing it must sign. A copy of the completed form must be submitted to the pressure systems program manager. Copies of the completed form are kept by the custodian (for five years) and the pressure systems program manager (permanently) (see [Pressure Systems: Pressure Test Procedures](#) [SLAC-I-730-0A21C-033]).

|  |  |   |
|--|--|---|
| Pressure test record number (1, 2, 3, etc.):   | Pressure test plan number (from test plan):  | Pressure system ID (from test plan):  |
| <b>System Being Tested</b> (one system per test record)  |  |   |
| <b>Water :</b> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire service <input type="checkbox"/> Condensate drain<br><input type="checkbox"/> LCWS <input type="checkbox"/> LCWR <input type="checkbox"/> PCWS <input type="checkbox"/> PCWR <input type="checkbox"/> CTWS <input type="checkbox"/> CTWR<br><input type="checkbox"/> HHWS <input type="checkbox"/> HHWR <input type="checkbox"/> CHWS <input type="checkbox"/> CHWR <input type="checkbox"/> Other: _____ |  |   |
| <b>Gas:</b> <input type="checkbox"/> Natural <input type="checkbox"/> CA <input type="checkbox"/> LN <input type="checkbox"/> N <sup>2</sup> <input type="checkbox"/> HE <input type="checkbox"/> AR <input type="checkbox"/> CO <sup>2</sup> <input type="checkbox"/> O <sup>2</sup> <input type="checkbox"/> Inert <input type="checkbox"/> Other: _____   |  |   |
| <b>Piping</b> (check all that apply to this system): <input type="checkbox"/> Underground <input type="checkbox"/> Under floor <input type="checkbox"/> Walls <input type="checkbox"/> Above floor <input type="checkbox"/> Overhead<br><input type="checkbox"/> Manifold <input type="checkbox"/> Cabinet <input type="checkbox"/> Above ceiling <input type="checkbox"/> Other: _____  |  |   |
| <b>Piping Labels Installed:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes   | Color of letters:  | Background color:   |
| <b>Test Requirements</b>   |  |   |
| Type of test: <input type="checkbox"/> House/service pressure only <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Pneumatic   |  |   |
| Extent of system test:   |  | Material:   |
| Design pressure:   | Required test pressure:  | Actual test pressure:   |
| Test fluid:  |  | Actual test fluid temperature:  |
| Test starting time:  | Test ending time:  |   |
| Required hold time:  | Actual hold time:  |   |
| <b>Test Equipment – Pressure Gauge</b>   |  |   |
| Manufacturer:  | Gauge type: <input type="checkbox"/> Dial <input type="checkbox"/> Vertical <input type="checkbox"/> Digital <input type="checkbox"/> Other: _____ |   |
| Gauge range:   | Calibration date:  | Actual test pressure:   |
| <b>Environmental Controls</b>  |  |   |
| Exclusion zone for safety of people (actual safe distance):  |  |   |
| Test area controls (barricades, signage, etc.):<br><input type="checkbox"/> Barricades <input type="checkbox"/> Signage <input type="checkbox"/> Caution / danger tape<br><input type="checkbox"/> Other: _____  |  | Actual disposal of test fluid:<br><input type="checkbox"/> Atmosphere <input type="checkbox"/> Sewer <input type="checkbox"/> Tank / drum <input type="checkbox"/> Hold in pipes<br><input type="checkbox"/> Other: _____ |
| <b>Results</b> (add additional sheets for remarks or explanations as needed)   |  |   |
| Inspection: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain): _____ <input type="checkbox"/> Stopped (explain): _____   |  |   |
| Pressure test: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory (explain): _____ <input type="checkbox"/> Stopped (explain): _____  |  |   |
| Company performing test:   |  |   |
| Mechanic performing test (print):  | Signature:   | Date:   |
| Qualified SLAC inspector (print):  | Signature:   | Date:   |