

**PROJECT NAME & LOGOS**

**CHECK LIST FOR:**

**TESTING FOR FIRE FIGHTING PIPING SYSTEM ( Firefighting dry, wet and  
sprinkler Network) AND ACCESSORIES  
(HYDROSTATIC TEST REPORT)**

Ref. No:  
Rev. No:  
Page : 1 of 1

SUBCONTRACTOR

CONTRACTOR

SECTION OF WORK: Fire Fighting

LOCATION:

LEVEL:

WIR No.:

Building

System

Drawing No.

Rev.

Type of Test

Hydro

Test Medium

Water

PIPING SYSTEM

FIRE PROTECTION PIPE WORKS

AREA/LOCATION

WORKING PRESSURE

TEST PRESSURE

(1.5 Times the Working Pressure)

MINIMUM AMBIENT TEMP.

TEST MEDIUM TEMP.

DATE OF TEST

DURATION OF TEST

MINIMUM 2 HOURS

TESTING FLUID/GAS

WATER

START TIME

FINISH TIME

INITIAL PRESSURE:-

FINAL PRESSURE:-

PRESSURE GAUGE NO.:-

CAL. DUE DATE :-

Prepared by :

Date:

Approved by :

Date:

For S/C QA/QC:

Date:

FOR CONTRACTOR  
QA/QC:

Date:

For Consultant:

Date:

Name:

Sign:

Name:

Sign:

Name:

Sign: