

PROJECT NAME & LOGO

**CHECK LIST FOR:
TESTING FOR WATER SUPPLY PIPING SYSTEM AND ACCESSORIES
(HYDROSTATIC TEST REPORT)**

Ref. No:
Rev. No: 0
Page : 1 of 1

SUBCONTRACTOR CONTRACTOR

SECTION OF WORK: Water Supply LOCATION:
LEVEL: WIR No.:

AREA / LOCATION		System	Water Supply
Drawing No.	Rev.		
Type of Test	Hydro <input checked="" type="checkbox"/>	Test Medium	Water <input checked="" type="checkbox"/>

PIPING SYSTEM HOT & COLD WATER SUPPLY PIPE WORK

AREA/LOCATION

WORKING PRESSURE

TEST PRESSURE 1.5 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

Remarks: -----

Test Results (Tick as applicable)

- No Leaks were observed in test duration, Test results are acceptable.
- Test results are not acceptable, rectify leaks and retest.

For S/C QA/QC: Date:	FOR CONTRACTOR QA/QC: Date:	For CONS. Rep.: Date:
Name: Sign:	Name: Sign:	Name: Sign: