

PROJECT NAME & LOGO

CHECK LIST FOR:

**Mechanical Piping System Test Certificate
(Leakage Test & Pressure Test)**

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

SUBCONTRACTOR

CONTRACTOR

SECTION OF WORK: Mechanical
LEVEL:

LOCATION:
WIR No.:

Project No.:		Date:	
Client:		Test Certificate No.	
Area / Location:		Test Pack No.	
Drawing No. (s):		Doc. Ref.	

Piping System:

Test Pressure Req'd:		Actual:		Design Pressure	
Material Specification:					
Type of Joint:					
Duration of Test	Req'd:			Actual:	
Testing Fluid / Gas	Req'd:			Actual:	
Pressure Gauge No(s):	Req'd:			Date Calibrated:	
Pressure Relief Valve S. No:			Date Calibrated:		
Start Time of Test:			Finish Time of Test:		
Ambient Temp:			°C	Ambient Temp:	°C
Pressure Gauge Reading:					
Recording Time:					

Remarks:

Result Assessment:

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