

PROJECT NAME & LOGO

CHECK LIST FOR:

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

Form No:

Rev. No: 0

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SUBCONTRACTOR

CONTRACTOR

SECTION OF WORK: Mechanical

LOCATION:

LEVEL:

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
QA/QC:

Date:

For Consultants
Rep.:

Date:

Name:

Sign:

Name:

Sign:

Name:

Sign: