

PROJECT LOGO & NAME

CHECK LIST FOR:				Form No :	
Testing the Drainage Piping System				Rev. No : 0	
				Page : 1 of 1	
SUBCONTRACTOR <input checked="" type="checkbox"/>		CONTRACTOR <input type="checkbox"/>			
SECTION OF WORK: PLUMBING			LOCATION:		
LEVEL:			WIR No.:		
STAGE	ITEM	Checked by		Checked by	Date
		S/C	CONT	Consultant	
PIPING SYSTEM					
TEST PRESSURE					
ACTUAL PRESSURE					
DATE OF TEST					
DURATION OF TEST					
TESTING FLUID/GAS					
START TIME					
FINISH TIME					
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 Consultant Rep.:	Date:
Name:	Sign:	Name:	Sign:	Name:	Sign: