

PROJECT NAME & Logo

CHECK LIST FOR:

TESTING FOR FIRE FIGHTING PIPING SYSTEM (Wet and Sprinkler Network) AND ACCESSORIES (HYDROSTATIC TEST REPORT)

Ref. No:
Rev. No: 0
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SUBCONTRACTOR

CONTRACTOR

SECTION OF WORK: Fire Fighting
LEVEL:

LOCATION:
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 CONS. Rep.:

Date:

Name:

Sign:

Name:

Sign:

Name:

Sign: