APOLLO – PRESSURE TEST CERTIFICATION

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| Project/Job No. | Project Name: | Spec Section: | | | Code or standard Year: | | |
|  |  | Test Date: | | |  | |  |
| Drawing No: | System: |  |  | |  | |  |
|  |  |  |  | |  | |  |
| Test boundaries: | | | | | | | |
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| Test Preparation | | | | | | | |
| **Verification Requirements:**  Test Type: Pneumatic or Hydrostatic (Pneumatic test must be pre-approved by Safety Department) or Service, Other\_\_\_\_\_\_\_  Test Medium: Water, Air, High Purity Argon, Nitrogen, Other | | | | | | | |
| Design Pressure: | Valve Design Pressure: | Line Design Pressure: | Fitting Design Pressure: | | Other components design Pressure: | | |
| High Points vents: Yes or No | Notification Requirements: ⃝ Apollo QA/QC ⃝ Third Party Inspector ⃝ Customer ⃝ GC ⃝ Other | | | | | | |
| Pressure relief valve pressure: | Test pressure: | Hold Time: | Prepared by:\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_ | | | | |
| Test Checklist | | | | | | | |
| Item or Requirement | | | | Verification | | | |
| Initial | | Date | |
| System Walked down to verify pipe seating depth (when applicable) | | | |  | |  | |
| System Walked down to Verify joints are completed (marked with initials of installer when required) | | | |  | |  | |
| Boundaries established barricaded and posted, lock and tag in place: | | | |  | |  | |
| All components tested; verified for test pressure: | | | |  | |  | |
| Test apparatus meets test pressure: | | | |  | |  | |
| All Testing equipment is safe working order: | | | |  | |  | |
| Pressure relieve valves in place:  Pressure:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valve ID:\_\_\_\_\_\_\_\_\_\_\_  Relief %: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Set Point:\_\_\_\_\_\_\_\_\_\_\_  Date Checked:\_\_\_\_\_\_\_ | | | |  | |  | |
| Test Gauge installed and calibrated (when applicable):  Gauge No:\_\_\_\_\_\_\_\_\_\_\_\_Range:\_\_\_\_\_ Cal Due:\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | |
| Test apparatus ,Gauges secured and protected from accidental contact/damage: | | | |  | |  | |
| Owner and General contractor notified: | | | |  | |  | |
| Test area Cleared or Controlled for personnel: | | | |  | |  | |
| System Flushed and or cleaned per specification: | | | |  | |  | |
| **Authorization to proceed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apollo On site QC: Date:\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| Test Data (Examination conducted While System/Component Pressurized)  Test pressure: \_\_\_\_\_\_\_\_ Start Time:\_\_\_\_\_\_\_\_\_\_\_ Initial Temperature\_\_\_\_\_\_\_\_  Test Pressure:\_\_\_\_\_\_\_\_\_\_\_ End Time:\_\_\_\_\_\_\_\_\_\_Final Temperature\_\_\_\_\_\_\_\_\_ | | | |  | |  | |
| Test: Pass or Fail? Explanation: | | | |  | |  | |
| Test Acceptance:  Apollo QC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_ AHJ/GC\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_ | | | |  | |  | |

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| **System has been depressurized/drained and left in a safe state:** | YES | NO |
| **System has been left charged with LOW PRESSURE to verify trade damage.** |  |  |