



VERMONT

PIPING TIGHTNESS TESTING

DATE: ____/____/____

1. Have you tested the primary and secondary lines according to the manufacturer's recommendations?**[PHOTO]** (Photos must show pressure gauge readings for each line tested)

YES NO

2. List product, pressure, and time each line held the recorded pressure (e.g., regular NL/ 60psi/ 20 hrs):

a. _____ b. _____ c. _____ d. _____

e. _____ f. _____ g. _____ h. _____

3. List the test pressure and length of time each line held the recorded pressure for each secondary line:

a. _____ b. _____ c. _____ d. _____

e. _____ f. _____ g. _____ h. _____

4. List the test pressure and length of time each line held the recorded pressure for each vent line:

a. _____ b. _____ c. _____ d. _____

e. _____ f. _____ g. _____ h. _____

Notes:

CERTIFICATION

I hereby certify that I'm qualified to test the equipment identified in this document and tested for proper operation in accordance with the manufacturer's requirements.

Technician Name (Print): _____

Technician Signature: _____