



# 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: \_\_\_\_\_