INSPECTION, TEST, VERIFICATION & STATUS REPORT

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| --- | --- | --- | --- | --- |
| **ITP Description:** | Pressure Testing of Pipework | **Revision** |  | **SYMBOLS FOR OPERATION**  A-APPROVAL / W-WITNESSED / T-TEST / C- CERTIFICATE / H-HELD / G-GENERAL / I-INSPECTED  GM Fire: Onsite Representative (GMR) Principle Contractor: (PC)  Consultant: (CS) Client: (CL) |
| **ITP Number:** | GMF-ITPS-013 | **Prepared By** | Drew Brooks |
| **Trade:** | Fire Services | **Signature** |  |
| **Project Number:** |  | **Approved By** | James Pretty |
| **Project Name:** |  | **Signature** |  |
| **Project Address:** |  | **Date** |  |

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| --- | --- | --- | --- | --- | --- |
| **Hold Point Details** | | | | | |
| Hold Point Required:  Yes | | |  No |  Other: |  |
| GM Sign Off | | Name: | | | Signature: |
| PC Sign Off | | Name: | | | Signature: |
| CS Sign Off | | Name: | | | Signature: |
| **Site Specific Details** | | | | | |
| Frequency of inspection and testing: | | |  Level |  Area |  Other: |
| Building: |  | | | | |
| Level: |  | | | | |
| Area: |  | | | | |

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| **Test Information** | | | | |
| Maximum System design pressure: | | | Required test pressure: | |
| **STOP TEST IMMEDIATELY IF PRESSURE GUAGE REACHES 1650 kPa**  Hold Point Required:  Yes | | | | |
| Holding time: | | |  | |
| **Description of test configuration *(attach sketch or piping and instrument diagram)*:** | | | | |
| Test fluid: | | | Test Fluid Volume: | |
| **Test Equipment** | | | | |
| Pressure Gauge: | Pressure Relief Valve: | | | Bleed valve: |
| **Safety/Environmental Controls** | | | | |
| **SWMS Name:** | **Have all workers reviewed and signed off on SWMS prior to commencing work?**  Yes No (do not commence works) | | | **Safe disposal of test fluid:** |
| **Test area controls *(barricades, signage, etc.)*:** | | **Inspection requirements *(before, during, and after the test)*:** | | |
| **Is test equipment rated for test pressure:**  Yes No (do not commence works) | | **Are end caps sufficiently tightened:**  Yes No (do not commence works) | | |

Test Results

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| --- | --- | --- | --- |
| **Pressure Gauge reading at completion of test:** | | **Any visible water leaks?:** | |
| **Test Date and Time Commenced:** | | **Test Date and Time Completed:** | |
| **Approvals** | | | |
| **Supervisor in charge of test:** | **Signature:** | | **Date:** |
| **Person conducting test:** | **Signature:** | | **Date:** |