



State of Oklahoma  
 Department of Labor  
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Print Form

Mark Costello  
 COMMISSIONER

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 GOVERNOR

**TEST REPORT FOR DOWNSTREAM WELDED STEAM LINES**

Place of installation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of person or firm responsible for design: \_\_\_\_\_

Code or construction standard used: \_\_\_\_\_

Max design pressure: \_\_\_\_\_ PSI Test pressure: \_\_\_\_\_ PSI In-service pressure: \_\_\_\_\_ PSI

Piping originates at: \_\_\_\_\_

Piping terminates at: \_\_\_\_\_

Test method: Hydro: \_\_\_\_\_ X-Ray: \_\_\_\_\_ PT: \_\_\_\_\_ UT: \_\_\_\_\_ MT: \_\_\_\_\_ IS: \_\_\_\_\_

Feet of pipe tested (approx): \_\_\_\_\_

**Do the pressure requirements of any fittings other than welded pipe joints (such as valves flanges, pressure reducing valves, strainers, expansion joints, steam traps, etc.) installed in the piping, meet or exceed the design pressure of the piping?**

Yes  No  If no, explain: \_\_\_\_\_

Was out of state welding performed on any item described above? Yes  No

If yes, list items welded: \_\_\_\_\_

List all welders who performed welding on this project below (continue on reverse if needed)

Welders Name	Stamp	State No.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Contractor Representative \_\_\_\_\_ Date \_\_\_\_\_

**For Inspectors Use Only**

Fee: \_\_\_\_\_ Invoice: Yes  No

Test witnessed by: \_\_\_\_\_

Exempt: \_\_\_\_\_ Paid by Check #: \_\_\_\_\_

Signature of Inspector \_\_\_\_\_ Date \_\_\_\_\_