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: __________________________


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 ______________

Fee: ________ Invoice: Yes □ No □

Exempt: ________ Paid by Check #: ________

Test witnessed by: __________________________ Date ______________

Signature of Inspector __________________________

Oklahoma Commission No: __________________________

Revised: 1/10/2011