

Plumbing Pipe Pressure Testing Checklist

Pre-Test Preparation

Tasks to be completed prior to commencing pressure testing. This ensures the system is ready and safe for testing.

Test Date	
Enter date	
Test Start Time	
Pipe Diameter (inches) Enter a number	
Pipe Material	
Copper PVC	
PEX Galvanized Steel	
Other	

Description of Plumbing System being Tested	
Write something	
Test Method	
Hydrostatic	
☐ Pneumatic	
Test Pressure (PSI)	
Enter a number	
Inclation Details (Departies how the greatens is included)	
Isolation Details (Describe how the system is isolated)	
Write something	
	<u>)</u>
Identify all fixtures isolated	
Toilets	
Sinks	
Showers/Tubs	
☐ Dishwashers ☐ Washing Machines	
U Washing Wathines	

Test Setup & Verification

Steps to establish the test setup correctly, including connections, pressure gauges, and isolation.

Test Section Length (ft/m)	
Enter a number)
Test Fluid Used	
Water	
Air	
Other (Specify)	
Specify 'Other' Test Fluid (if applicable)	
Write something	
Cauga Baading (Initial)	
Gauge Reading (Initial)	
Enter a number)
Test Pressure (psi/kPa)	
Enter a number)
	/

	Set My Current Location	
Connections V	erified?	
☐ All ☐ Most		
Some		
Few		
Isolation Valve	s Confirmed Closed?	
Yes		
No		
Date of Setup	/erification	
Enter date		

Pressure Application & Hold

Procedures for gradually applying pressure, verifying stability, and maintaining the hold period.

Test Pressure (PSI/Bar)	
Enter a number	
Pressure Application Start Time	
Pressure Increase Rate (PSI/Bar/Minute)	
Enter a number	
Time to Reach Test Pressure	
Hold Pressure Duration (Minutes)	
Enter a number	
Pressure Reading After 5 Minutes of Hold (PSI/Bar)	
Enter a number	
Pressure Stability Observed?	
Yes	
□ No	

Observations During Pressur	re Hold
Write something	
ressure Drop Mor	nitoring & Evaluation
onitoring for pressure drops and	d interpreting the results to determine system integrity.
Initial Test Pressure (PSI)	
Enter a number	
Hold Pressure (PSI)	
Enter a number	
Hold Duration (Minutes)	
Enter a number	
Maximum Allowable Pressure	e Drop (PSI)
Enter a number	
Time Pressure Drop Observe	d (If Applicable)
Pressure Drop During Hold (I	PSI)
Enter a number	

Pass - Within Allowable Limit Fail - Exceeds Allowable Limit tailed Observations & Notes (Leaks, Noise, etc.)	
tailed Observations & Notes (Leaks, Noise, etc.)	
rite something	
	_
	_
oto/Video Documentation (if applicable)	
Upload File	
ns to be taken after the test, including depressurization, inspection, and recording.	
st-Test Observations & Anomalies	
rite something	
ximum Pressure Observed During Test (PSI/Bar)	
ximum Pressure Observed During Test (PSI/Bar) nter a number	
nter a number	
essure Drop Result (Pass/Fail)	

Description of any Failures (if applicable)
Write something
Date of Test
Enter date
Time Test Completed
Attach Pressure Gauge Calibration Certificate
4 Upload File
Technician Signature
Corrective Actions Taken (If Fail)
Repair & Re-test Further Investigation Required
Other (Specify in Long Text)

Safety & Permits

Ensuring proper safety protocols are followed and necessary permits are obtained.

Permit Required? Yes No
Permit Documentation (if required) L Upload File
Permit Number (if applicable)
Write something
Brief Description of Safety Plan Write something
PPE Required (Check all that apply)
Safety Glasses
Gloves
Hard Hat
Hearing Protection
Steel-Toed Boots Other: (Specify in LONG_TEXT)
Specify 'Other' PPE (if selected)
Write something

Enter date	
Time of Start of Pressure Testing	
Name of Safety Observer (if applicable)	
Write something	
Safety Observer Signature (if applicable)	