

#75-27R
(11-27-64)
3758x

Sheet ____ of ____

G A S O P E R A T I O N S
Gas System Design Department
Strength Test Pressure Report
(Per General Order 112-A Paragraph 209)

Date _____

Job No. _____ Main No. _____ Division _____

1. Description of Job _____

2. Design Pressure _____, Construction Type _____, Category _____

(a) Test Pressure: Maximum _____ Minimum _____

(b) Pipe Size	Wall Thickness	Pipe Specifications	Footage Tested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(c) Period of Test (Not less than 1 hour after stabilizing of pressure) _____

3. Test Data

(a) Date and time reached test pressure _____, Fluid used _____

(b) Date and time test ended _____, Actual test pressure _____

(c) Name of PG&E Supervisor conducting test _____

(d) Who made test? (1) Gas Construction Department _____

(2) Division _____

(3) Contractor (Indicate Name) _____

4. Reference Drawing No. _____

5. Schematic sketch on reverse side showing section of main tested.

6. Distribution of completed Report.

1. Retain one copy in job file.

2. Send one copy to District Gas Superintendent.

3. Send two copies to Gas System Design Department.

4. Attach one copy to Foreman's Copy of Estimate-Plant Accounting.

5. Send one copy to Gas Construction Department (If job is assigned to General Construction).