

# Pressure Test Form

Project Name			
Project Owner			
Project Address			
City, State Zip			
Type of System Installed			
Units	feet or meters	psi or bar	

Length of pipe used on the project	.50" 20mm	.75" 25mm	1" 32mm	1.25" 40mm	1.50" 50mm	2" 63mm	2.50" 75mm	3" 90mm	4" 125mm
Maximum Operating Pressure									

**TEST PARAMETER\* = 150% of operating pressure or 150psi whichever is GREATER**

Initial Test	Test Parameter*			Pressure Drop ( $\Delta P$ ) after 30 Minute	
Principal Test	Principal Test Parameter*		Time Elapsed		Test Pressure Drop ( $\Delta P$ ) (after minimum of 120 minutes)
Final Test (Depressurize the pipe between each cycle)	1	Test Parameter* (2 minute minimum)		Then	15% of Operating Pressure (2 min)
	2	Test Parameter* (2 minute minimum)		Then	15% of Operating Pressure ( 2 min)
	3	Test Parameter* (2 minute minimum)		Then	15% of Operating Pressure (2 min)
	4	Test Parameter* (5 minute minimum)		Then	15% of Operating Pressure (5 min)
Timing (minutes)	Date	Start Time		Time Elapsed	Test Duration

What liquid/gas was used for the Pressure Test?	Water	Air	Mixture of Water and Air	Other (specify)
---	-------	-----	--------------------------	-----------------

What Manufacturer of Fusion Equipment was used?	McElroy	Ritmo	Widos	Other (specify)
---	---------	-------	-------	-----------------

What Socket Fusion Heads were used? (specify Type)
--

Was flushing of the system performed before or after the Pressure Test?	before	after
What chemicals were used for flushing of the piping system?		

Certified Installer Responsible for Testing First Name, Last Name, Company		
Phone and Email		

Certified Installer Signature	Pestan Certification ID Number	Date
-------------------------------	--------------------------------	------

Signature

Additional Information (optional)

Other Material Pipe Sizes, Elements and materials used on project \_\_\_\_\_

Was Manufacturers Rep present on job Site? Yes No

**PRESSURE TEST FORM MUST BE SUBMITTED TO Pestan North America Warranty Department WITHIN 3 DAYS OF SUCCESSFUL TEST COMPLETION via email [Warranty@PestanPipes.com](mailto:Warranty@PestanPipes.com), Fax (888) 213-4342 or mail to P.O. Box 26 Titusville, PA 16354**

Office Use Only: Date Received	Reviewed By
--------------------------------	-------------