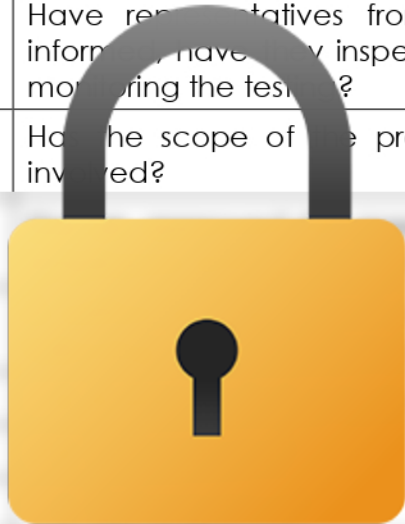


PRESSURE TESTING CHECKLIST

Workplace:	Inspected By:	Date:
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#	Item	Yes	No	N/A	Required Actions/Comments
1.	Have representatives from the applicable department been informed, have they inspected the test equipment and are they monitoring the test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Has the scope of the pressure test been discussed with all involved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SAMPLE

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	• test medium and disposal method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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#	Item	Yes	No	N/A	Required Actions/Comments
4.12.	• Listing of correct sequence and necessary torque of all blind flange bolts and verification of set torque?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.13.	• Use of properly rated gaskets as per manufacturer's specs (e.g. class, size, use, pressure rating)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.14.	• The minimum temperature permitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.15.	• The inspection requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.16.	• The control of access to the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.17.	• The use of safety signs and warning signs for the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.18.	• The use of safety barriers and safety tape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.19.	• The use of safety lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



SAMPLE

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#	Item	Yes	No	N/A	Required Actions/Comments
7.4	<ul style="list-style-type: none">Have more accurate and reliable pressure gauges of the appropriate range been calibrated within 30 days of the pressure test?				
7.5	<ul style="list-style-type: none">Do the pressure gauges have bleed valves?				



SAMPLE

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