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: _______________________________________________________________

Test method: Hydro: _______ X-Ray: _______ PT: _______ UT: _______ MT: _______ IS: _______

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 ___________________________

For Inspectors Use Only

Fee: _______ Invoice: Yes [ ] No [ ]
Exempt: _______ Paid by Check #: ______________
Test witnessed by: ___________________________ ___________________________ Date ___________________________

Signature of Inspector ___________________________ Date ___________________________

Oklahoma Commission No: ___________________________ 

Revised: 03/02/2016