

**TEXAS SCHOOL FACILITIES
GAS PIPE TEST RESULTS FORM**

ACCT. OR METER # _____

FACILITY/CAMPUS NAME: _____

TEST PERFORMED BY: _____

FACILITY ADDRESS: _____

TELEPHONE NUMBER: () _____

DATE OF TEST: ____/____/____

TESTING PERFORMED ACCORDING TO (check one):

MUNICIPAL CODE

RAILROAD COMMISSION OF TEXAS CODE AS FOLLOWS:

SYSTEM NORMAL OPERATING PRESSURE (NOP): _____ lbs./ozs.

for NOP < 0.5 psig; test at 5 psig for 30 minutes

for NOP >= 0.5 psig; test at 1.5 times NOP or 5 psig, whichever is greater, for 30 minutes

for NOP >= 5 psig; the test at NOP for 1 hour

TESTING PRESSURE: _____ lbs./ozs.

TIME OF TEST: start _____ am/pm stop _____ am/pm

REPAIRS REQUIRED? YES NO

FINAL RESULTS: PASS FAIL

VERIFYING OFFICIAL (tester): _____ DATE: _____
(signature)

WITNESSED BY: _____ DATE: _____
(signature)

To be completed for each facility name listed on PS-86A (Gas Pipe Testing Form)