

TEXAS SCHOOL FACILITIES

GAS PIPE TESTING FORM

SCHOOL DISTRICT NAME: _____

SCHOOL ADMINISTRATION ADDRESS/LOCATION: _____

PHONE NUMBER: () _____ DATE: _____

SCHOOL DISTRICT REPRESENTATIVE SIGNATURE:

POSITION: _____

NUMBER OF SEPARATE FACILITIES (METERS) IN THIS DISTRICT: _____

FACILITY NAME	TEST DATE	TEST RESULT (Pass/Fail)	Acct. or Meter No.
Example: ABC Elementary *	08/01/97	Pass	12-3-4567-8910-1 or 411382

* For each facility listed a Gas Pipe Test Results Form (PS-86B) must also be completed.

