

INSPECTION REPORT FOR MOST MASTER METER SYSTEMS

FORM 5

COMPANY: _____

Name of Building: _____ **Town:** _____

Location: _____

Inspector(s): _____

Check List

1. **Supply Main: Average pressure:** _____ **Location:** _____

Method of Leak Test: _____

Results: _____

2. **Service Line: Size:** _____ **Location:** _____

Method of Leak Test: _____

Results: _____

Entrance Above or Below Ground? _____

Is Meter Stop Accessible and in Good Working Order? _____

3. **Meter: Make:** _____ **Size:** _____ **Number:** _____

Location: _____

Case and Fittings Tested for Leaks? _____

Method of Leak Test: _____

Results: _____

4. **Regulators: Make:** _____ **Size:** _____ **Number:** _____

Delivery Pressure: _____ **Vented Properly to Outside?** _____

Relief Valve: Make: _____ **Size:** _____

Were Regulator and Fittings Tested for Leaks? _____

Results: _____

Was there Indication of Leakage on Meter with Appliances off? _____

Signed: _____ **Date:** _____