



LEAK TEST RECORD

1601 Las Plumas Ave.
San Jose, CA 95133
www.therma.com

Client/Site: _____

Test No.: _____

Project ID#: _____

Equipment ID: _____

System: _____

Applicable Code: _____

Test Type: ☐ Hydrostatic ☐ Pneumatic ☐ Hydro-Pneumatic (combo)
☐ Sensitive Leak ☐ In-Service ☐ Other _____

Test Media: _____ Required Test Pressure: _____ PSIG

			Test Boundary (Partial Test)	
Drawing #/Rev#	Item/Equip/Line #	Std/Spec	From	To:

Pretest Inspection Checklist	N/A	Satisfactory (init/date)	Unsatisfactory (init/date)
1. Approved test media source(s) identified/located			
2. Chloride content of water verified <50 ppm (stainless and high alloy steels)			
3. Items not subjected to test pressure have been isolated from test (e.g. control valves, instruments, etc.)			
4. Equipment/piping is properly supported			
5. Blinds are proper size/thickness for pressure and correctly installed			
6. All deviations to test procedures/codes/standards have been approved and copies of approvals attached			
7. Pressure gauge/recorder ranges are >1.5 and < 4X req'd test pressure			
8. Required overpressure protection devices have been installed			
9. All required welding and NDE has been completed			
10. Temperature of equipment and test media stabilized and minimum test temperature verified.			

Date: _____ Ambient temp.: _____ Metal temp.: _____

Test Gauge ID#: _____ Calibration Due Date: _____

Actual Test Pressure: _____ Test Duration: _____

Test Accepted:

QC Representative/Company

Owner Representative

Test Vented, Drained, Flushed upon completion of testing:

☐ N/A

Fabricator Representative/Company

Owner Representative

Remarks: _____

