



Standard Operating Procedure Form
Cycle Purge Test Log

#: FN 6.026.1 Rev. 0

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Foreperson's Cycle Purge Instruction Set

Project Site/Name:	Date: (DDMMYYYY)
Project Number:	Purge Test #:
Building #:	Room #(s):
System Name:	Purge Medium:
System Description:	Medium Source Lot/Batch#:
Line# (s):	Medium Source Type:
Drawings, PID/Spool #(s):	Locations Purged / Valve Tag #'s / Quantity:
Spools/PID attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Clean Wiper Test Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner, GC, Trades, Others notified of plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pressure Test Verification Prior to Cycle Purge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foreperson's Initials & Date	_____/_____ (Foreperson) (DDMMYYYY)

Purging Report

Are all POU valves correctly labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was each valve opened min 5 seconds per cycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was each valve purged a minimum of 3 cycles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clean wiper test performed & passed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Non-conformance with labeling or particulate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If non-conformance, note details here:	
Purge Team Leader	
Print Name: _____	_____/_____ (signature) (DDMMYYYY)

Foreperson's Acceptance

Print Name: _____	_____/_____ (signature) (DDMMYYYY)
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