

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

ACCOUNT OR METER #: _____

FACILITY/CAMPUS NAME: _____

FACILITY ADDRESS: _____

TEST PERFORMED BY (COMPANY): _____

NAME OF INDIVIDUAL CONDUCTING TEST: _____

PLUMBING CONTRACTOR LICENSE #: _____ EXP. DATE: ____/____/____

TELEPHONE NUMBER: () _____

DATE OF TEST: ____/____/____

TESTING PERFORMED ACCORDING TO (check one):

☐ MUNICIPAL CODE

☐ MISSISSIPPI PUBLIC SERVICE COMMISSION RULE 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; 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)