

## **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)