TEXAS SCHOOL FACILITIES
GAS PIPE TEST RESULTS FORM

ACCT. OR METER # ______________

FACILITY/CAMPUS NAME: ____________________________

TEST PERFORMED BY: ______________________________

FACILITY ADDRESS: ________________________________

TELEPHONE NUMBER: ( ) ______

DATE OF TEST: _____/_____/______

TESTING PERFORMED ACCORDING TO (check one):
☐ MUNICIPAL CODE
☐ RAILROAD COMMISSION OF TEXAS CODE 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; the 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)

To be completed for each facility name listed on PS-86A (Gas Pipe Testing Form)