

Pressure testing involving concealed piping shall be witnessed by the gas utility or AHJ. All pressure tests shall be completed with the applicable code.

I. INSTALLATION INFORMATION			(PLEASE PRINT)
ADDRESS	CITY	POSTAL CODE	
OWNERS NAME	PHONE NUMBER	EMAIL	
MANUFACTURER (if applicable)	VEHICLE IDENTIFICATION NUMBER (if applicable)	GAS PERMIT NUMBER (if applicable)	
II. TEST AND EQUIPMENT INFORMATION			(PLEASE PRINT)
TYPE OF TEST: - LIQUID FUEL: _____ - GASEOUS FUEL: _____ - OTHER: _____			
REASON FOR TEST: NEW PIPING REPAIR ADDITIONAL PIPING** OTHER (Please list): _____			
** The piping tested must be identified on site**			
PRESSURE TEST START TIME	PRESSURE TEST STOP TIME	PRESSURE TEST DURATION	
PRESSURE AT START OF TEST		PRESSURE AT END OF TEST	
TEST MEDIUM USED		PRESSURE GAUGE USED	
LEAK DETECTION USED: ELECTRONIC DETECTOR SOAP SOLUTION			
LENGTH OF PIPING	SYSTEM WORKING PRESSURE	TYPE OF PIPING TESTED	
III. FITTER INFORMATION			(PLEASE PRINT)
FITTER'S NAME		LICENSE NUMBER	
PHONE NUMBER		EMAIL	
COMPANY		QUALITY ASSURANCE NUMBER (IF APPLICABLE)	
WITNESS		WITNESS PHONE NUMBER	
IV. DECLARATION			(Please read carefully and sign)
I, _____ with License # _____ declare that the information on this affidavit is accurate. (Name of Licensed Fitter) (Print Gas Fitter License #)			
Having completed the pressure test, I do also declare that the said system is gas tight. No accessory, component, or appliance was tested above its maximum working pressure. Any accessory, component, or appliance with a pressure rating lower than the maximum test pressure was removed prior to the start of testing. Removed accessories, components, or appliances have been correctly reinstalled and pressure tested. All pressure testing was completed as outlined by the most current applicable Code.			
SIGNATURE OF FITTER		DATE (YYYY/MM/DD)	
INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY			
DATE RECEIVED (YYYY/MM/DD)	RECEIVED BY	SIGNATURE	