



Performance Mechanical, Inc.

HYDROSTATIC TEST PACKAGE

- 1 . HYDROSTATIC TEST REPORT.
- 2 . P&ID, ISO'S, SKETCHES OR DRAWINGS. (BOUNDARIES, HIGH POINT VENTS AND DRAINS).
- 3 . HYDROSTATIC TEST CREW ACKNOWLEDGEMENT FORM
- 4 . PIPING PRE-TEST
- 5 . PIPING POST-TEST
- 6 . HYDROSTATIC TEST LEGENDS
- 7 . HYDROSTATIC TEST FLOW CHART
- 8 . PRESSURE GAUGE CALIBRATION CERTIFICATION.



Performance Mechanical, Inc.
PNEUMATIC TEST REPORT

JOB NAME/NUMBER: _____ DATE: _____

SYSTEM / TEST NAME OR NUMBER: _____

TEST PRESSURE: _____ PSI

TEST MEDIUM: _____ HOLD TIME: _____

TEST VESSEL/LINE IN COMPLIANCE WITH: _____

FIELD ENGINEERING TEST PACKAGE REVIEW FOR FIELD USE: _____

PRESSURE TEST PROCEDURES	Foreman	PMI QCI	Client Rep
1. Verify test boundary	_____	_____	_____
2. Verify PSV setting	_____	_____	_____
3. Verify pipe restrained	_____	_____	_____
4. NDE / Visual Exam Complete.	_____	_____	_____
5. PWHT Complete.	_____	_____	_____
6. Fill vessel/line and bleed air from high point vents	_____	_____	_____
7. Notify Safety and secure the area prior to pressurizing	_____	_____	_____
8. Actual vessel/line test gauge pressure _____ PSI			
Gauge #1 _____			
Gauge #2 _____			
Time Start: _____ Time Finish: _____			
Pressure Gauge Range: _____			
Serial No.: _____			
Calibration Date: _____			
9. Release pressure, test complete:			
Test Results: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory			
Performance Mechanical, Inc. _____	Date _____	Client _____	Date _____
COMMENTS:			



Performance Mechanical, Inc.
STATIC HEAD TEST REPORT

JOB NAME/NUMBER: _____ DATE: _____

SYSTEM / TEST NAME OR NUMBER: _____

TEST PRESSURE: _____ PSI PSV SETTING: _____ PSI

TEST MEDIUM: _____ HOLD TIME: _____

TEST VESSEL/LINE IN COMPLIANCE WITH: _____

FIELD ENGINEERING TEST PACKAGE REVIEW FOR FIELD USE: _____

PRESSURE TEST PROCEDURES Foreman PMI QCI Client Rep

1. Verify test boundary _____

2. Verify pipe restrained _____

3. Fill vessel/line and bleed air from high point vents _____

4. Verify PSV setting

5. Notify Safety and secure the area prior to pressurizing

6. Actual vessel/line test gauge pressure PSI
Gauge #1

Time Start: Time Finish: Gauge #2

Pressure Gauge Range: Pressure Gauge Range:

Serial No.: Serial No.:

Calibration Date: Calibration Date:

7. Release pressure, test complete: Test Results:
 Satisfactory Unsatisfactory

Performance Mechanical, Inc. _____ Date _____ Client _____ Date _____

COMMENTS:



Performance Mechanical, Inc.
General Engineering Contractor
 California License No. 475516

An EMCOR Company

HYDROSTATIC TEST CREW ACKNOWLEDGEMENT FORM

Date: _____

Package Number: _____

I/We, as members of the pressure testing team, have read and understand the procedures, know the test pressure required and have verified the test boundaries. The requirement test pressure is _____ psi.

Please print, sign and date as receipt of acknowledgement on the lines below.

Foreman: _____

Craft:

Print

Signature

Date

- | | | | |
|-----|-------|-------|-------|
| 1 . | _____ | _____ | _____ |
| 2 . | _____ | _____ | _____ |
| 3 . | _____ | _____ | _____ |
| 4 . | _____ | _____ | _____ |
| 5 . | _____ | _____ | _____ |
| 6 . | _____ | _____ | _____ |

Review by:

Quality Control: _____

General Foreman: _____

Print Name

Signature

Date



PIPING PRE-TEST CHECKLIST

CONTRACT NO.: _____
 CLIENT: _____
 LOCATION: _____
 UNIT: _____

Date: _____
 Tag No.: _____

ITEMS TO VERIFY		APPROVAL
<p>PIPING AND FITTINGS</p> <input type="checkbox"/> Piping schedule, material and size is correct <input type="checkbox"/> Piping is in proper location <input type="checkbox"/> Piping has required clearance <input type="checkbox"/> Fittings have correct ratings and are proper material <input type="checkbox"/> Installation is straight and plumb or slope per drawings <input type="checkbox"/> Reducer orientation is correct <input type="checkbox"/> Cold spring is per drawing <p>VALVES</p> <input type="checkbox"/> Check all valve tags for compliance with piping, material specification <input type="checkbox"/> Assure control, globe, angle and check valves have correct flow direction <input type="checkbox"/> Valves should be in open position <input type="checkbox"/> Direction of handles should be as per ISO <input type="checkbox"/> All vents and drains are installed including those required for testing <p>SUPPORTS, GUIDES AND ANCHORS</p> <input type="checkbox"/> Property installed per details <input type="checkbox"/> All temporary erection supports have been removed <input type="checkbox"/> Spring hangers chocked against movement <input type="checkbox"/> Small bore supports installed per the specifications, in sufficient quantities and in proper locations <input type="checkbox"/> Shoes installed and welded per detail <p>MECHANICAL EQUIPMENT</p> <input type="checkbox"/> All equipment not included in test has been isolated/removed <p>QA / QC</p> <input type="checkbox"/> All welding completed <input type="checkbox"/> PWHT requirements fulfilled <input type="checkbox"/> Authorization from Welding Dept. obtained <input type="checkbox"/> Corporate QA-QC Manager notified for any pneumatic testing at or above 100 psi.	<p>INSTRUMENTATION</p> <input type="checkbox"/> Connections for instruments installed & isolated as required <input type="checkbox"/> Orifice flanges tap valves at correct angles, seal welded & jackscrews in place <input type="checkbox"/> Orifice flanges have correct meter runs, smooth bores; orifice plates removed <input type="checkbox"/> All thermowells installed <p>PIPING BRANCHES</p> <input type="checkbox"/> All branches reinforced per job specifications <input type="checkbox"/> All reinforcing pads have weep holes <p>FLANGE MAKE-UP (BOLTING, FLANGES & GASKETS)</p> <input type="checkbox"/> Flanges mapped & tracking completed <input type="checkbox"/> Torque valves per Spec. <input type="checkbox"/> Thread compound applied per Spec. <input type="checkbox"/> Proper diameter & length installed <input type="checkbox"/> Gasket material verified <input type="checkbox"/> Bolting material verified <input type="checkbox"/> Torquing requirements per Spec. <p>SCREWED PIPING</p> <input type="checkbox"/> Has proper fillings and compounded on threads <input type="checkbox"/> Installed with proper thread engagement <p>RELIEF VALVES</p> <input type="checkbox"/> Nameplate data verified <input type="checkbox"/> Are isolated from the system <p>PIPING SPECIALTY ITEMS</p> <input type="checkbox"/> Verify direction of flow for filters, strainers, traps and expansion joints <input type="checkbox"/> Expansion joints have stops installed <input type="checkbox"/> All blinds are sized correctly and installed as required by the drawings <p>HYDROSTATIC TEST</p> <input type="checkbox"/> Boundaries have been identified <input type="checkbox"/> Blinds installed <input type="checkbox"/> Crew acknowledgement sheet completed <p>SAFETY</p> <input type="checkbox"/> Barriers in Place <input type="checkbox"/> Safety Procedures established	
<p>REMARKS</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
<p>ACCEPTANCE:</p>		
<p>Performance Mechanical, Inc.</p>	<p>Date</p>	
<p>Client</p>	<p>Date</p>	



PERFORMANCE MECHANICAL, INC.

PIPING POST-TEST CHECKLIST

CONTRACT NO.:
CLIENT:
LOCATION:
UNIT:

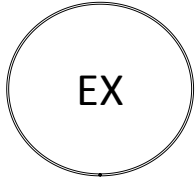
Date:
Tag No.:

Table with columns: ITEMS TO VERIFY, APPROVAL. Rows include: VALUES, SUPPORTS, BLINDS, INSTRUMENTATION, BOLTS AND GASKETS, PIPING SPECIALTY ITEMS, MECHANICAL EQUIPMENT, REMARKS, ACCEPTANCE.

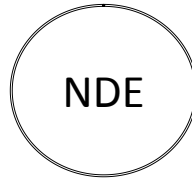


Performance Mechanical, Inc.
General Engineering Contractor

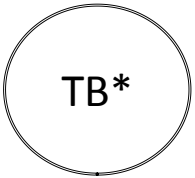
HYDROTEST LEGENDS



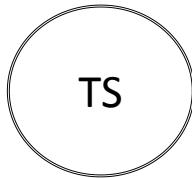
EXCLUDE FROM TEST



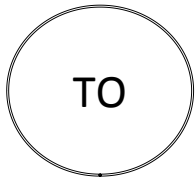
NDE IN LIEU OF
HYDROTEST



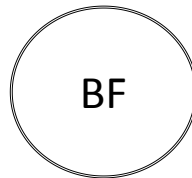
TEST BLIND
* ONLY HP TEST
BLINDS WILL BE
NUMBERED



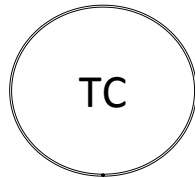
TEST SPOOL



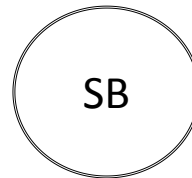
TEST OPEN



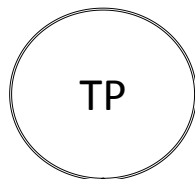
BLIND FLANGE



TEST CLOSED



USE EXISTING SPEC
BLIND (CLOSED)



TEST PLUG

Piping Hydrotest Flowchart

