

Gas Integrity Test & Turn-On Affidavit

This certifies that the gas piping in the building indicated below has successfully passed a leakage test as prescribed by the local authority having jurisdiction.

(Building Address / City or Town / Zip Code)

Complete All Sections That Apply

Blue Card No. _____

Lockable valves and test ports installed / exist at the base of each riser. **YES** **NO** (Circle One)

Gas Turn-On requested for the following equipment (Specify below):

CONTACT INFORMATION FOR IMMEDIATE BUILDING ACCESS : _____ **PHONE:** _____

	RISER LOCATION	GAS END USE (e.g. Cooking, Heating, Hot Water, Dryer, etc)	METER LOCATION	NO. OF APTS
Location # 1				
Location # 2				
Location # 3				
Location # 4				
Location # 5				
Location # 6				

Contractor to Check Appropriate Corrective Condition:

I have repaired and tested,

_____ Leak at gas equipment (specify unit or equipment) _____

_____ Control Valve _____ Pilot Valve _____ Appliance Valve

_____ Hood Draft _____ Appliance Regulator _____ Flue Connection

_____ Other (Specify) and provide details for above items checked _____

This certifies that all gas piping is complete and continuous up to the appliance, including appliance control valves, or end of use equipment in affected apartments or areas. **YES** **NO** (circle one)

It is also certified that in the affected area(s):

- All areas containing gas utilization equipment (e.g. boiler room, laundry room) have been inspected and that the equipment gas valves have been closed. **YES** **NO** (circle one)
- All apartments containing gas appliances have been inspected and the appliance valves have been closed. **YES** **NO** (circle one)
- All open-ended valves, stubs test connections, purge connections, or any other piping or fittings which could be left open, have been closed gas tight with a threaded plug or cap. For premises which have meters in the apartments, the meter valves have been left open, so that the integrity test is complete up to the appliance valves. **YES** **NO** (circle one)

In addition, I accept responsibility for the gas-in of any end of use equipment or appliances not gassed-in by Con Edison and identified above for turn-on. **YES** **NO** (circle one)

(Plumbing Contractor Company Name / Address / Telephone #)

(Plumber's Signature / License # / SEAL/ Date)