Clear Form

OFFICE OF THE STATE FIRE MARSHAL
PIPELINE SAFETY DIVISION
3780 Kilroy Airport Way, Suite 500
Long Beach, CA 90806

HYDROSTATIC TEST RESULTS/ PIPELINE DATA

Test Date:	CSFM Test ID #
Pipeline Operator:	**Independent Testing Firm:**

Type of Test and Pipeline Identification (description, line number, name, pre-tested pipe, etc.)

□ 1 Year □ 2 Year □ 3 Year □ 5 Year □ IMP (Part 195.452) □ OSFM High Risk □ Pre-tested pipe
□ New Construction □ Relocation □ Facility (includes: Valves, Receivers, In-plant Piping)

Comment:

Pipeline Location (mile post, street, station, etc.)

From:	
To:	
CSFM Line ID#:	

Product Normally Transported:	
Test Medium :	□ Water □ Other (Specify) _____

Location of Deadweight Tester: *	**Deadweight Elevation (ft.):***

Elevation of Pipeline	**High Point (ft.):***		**Low Point (ft.):***	
Test Pressure	**High Point (psig.):***		**Low Point (psig.):***	
Maximum Operating Pressure (psig. :*				

PIPE DATA

Pipe O.D. (in.)	Wall Thickness (in.)	Specification & Grade (SMYS)	Length of test segment (ft.)	Volume (Barrels)

TEST EQUIPMENT

Make of Deadweight Tester	Serial #	Date Last Calibrated
Make of Pressure Chart Recorder (1) / Gauge (2)	**Serial #**	**Date Last Calibrated**
1) Recorder:		
2) Gauge:		
Make of Temperature Recorder (1) / Gauge (2)	**Serial #**	**Date Last Calibrated**
1) Recorder:		
2) Gauge:		

GPS	**Beginning Location:**	**Ending Location:**
Latitude:		
Longitude:		

* N/A is not acceptable in these fields.

TEST DATA FOR CSFM TEST ID #							
Date	Time	Dead weight (psig)	Chart Pressure (psig)	Pipe Wall Temp. ˚F	Ambient Temp ˚F	Test Medium Change (+) Add/ (-) Drain (Gal.)	Comments
Net Change:							

LIST ALL LEAKS ON LINE PIPE RESULTING FROM UNSUCCESSFUL TEST ATTEMPTS	
LOCATION	**CAUSE**

Approved Hydrostatic Testing Firm

Name of Employee(s) and Company Conducting Test:		
Name of Independent Testing Firm Witnessing Test:		
Name of Certified Independent Witness on Site:		**Date:**
Pipeline Operator's Representative on Site:		**Date:**
Name of Person Certifying Test Data for Witnessing Firm:		**Date**

Note: