



Southern African Gas Association NPC
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PRESSURE TEST CERTIFICATE INDUSTRIAL

CUSTOMER	Company Name	_____
	Address	_____ _____
	Plant/Equipment Location	_____
	Contact Person	_____
	Tel No	_____

GAS PRACTITIONER	I certify that no pressure drop occurred and no leaks were evident during the testing period	
	Name	_____
	Company	_____
	Tel No	_____
	SAQCC Gas Registration No	_____
Signature	_____	

Full description of material used, pipe work and equipment installed: _____



PRESSURE TESTING PERFORMED:

Date of Pressure Testing _____

Pressure test medium: Air Nitrogen Water Other

If other, please specify _____

Pressure test start and end parameters: _____

Design pressure: _____ kPa Test pressure: _____ kPa

Test duration: _____ hrs Gauge range: _____ kPa

Gauge calibration certificate attached Yes / No Gauge number _____

Pre Installations Conformances Yes / No

Post Installation Tests Yes / No

Sound Engineering Practice (SEP) Yes / No

SANS 347 Category 1 Yes / No

SANS 347 Category 2 Yes / No

SANS 347 Category 3 Yes / No

AIA Approval required Yes / No