



AIR TEST DATA SHEET

Owner (Name of city, district, etc.) _____ Test No. _____

Identification of Pipe Installation (job name, location, contract number, etc.) _____

Field Test Data:

Date: _____ Specified Maximum Pressure Drop: _____ psig

Identification of Pipe Material Installed: _____

Pipe Under Test				Spec. Time (min.sec)	Field Test Operations Data					
Upstream MH sta #	Downstream MH sta #	Dia. D (in)	Length L (ft.)		Pressure Initially Raised to (psig)	Time Allowed for Pressure to Stabilize (min.)	Start Test Pressure (psig)	Stop Test Pressure (psig)	Elapsed Time (min:sec)	Pass or Fail (P or F)

Name and Title: _____

Signature: _____

If a section fails, the following items should be completed:

Identify section(s) that failed: _____

Leak (was) (was not) located. Method used: _____

Description of leakage found: _____

Description of corrective action taken: _____

For test results after repair to Test No. _____ By: _____