



Vermont Gas Systems Pressure Test Form

Date: _____

Attn: Manager of Field Services

Re: Pressure Test Record

85 Swift Street
So. Burlington, VT 05403
Fax: 802-863-8872

I, _____, representing _____
(print name in full) (company)

hereby certify that the gas piping installed by my company at the following address has passed a suitable pressure test as outlined in the National Gas Code, NFPA 54.

Job Location: _____
(number) (street) (apt #)

(town) (state) (zip)

Test Date: _____

Test Medium: _____ Air _____ Nitrogen _____ Carbon Dioxide

Test Pressure: _____
(1-1/2 times maximum working pressure; minimum 3 lbs)

Test Duration: _____
(1-1/2 hour for each 500 cu. ft. of pipe volume; 10 min for vol. less than 10 cu. ft. or single family dwellings)

- Required by VT Gas for piping installations on all multi-family, commercial properties and concealed CSST installations.
- Must use VT Gas pressure test form.
- Only Natural Gas certified personnel should sign and perform pressure test.
- Gas meters will not be turned on without properly signed test forms. Forms should be faxed to VT Gas or left on job near equipment.

Signed: _____

Title: _____

Witness: _____

Natural Gas Certification number: _____