



# Vermont Gas Systems, Inc Pressure Test Form

Date: \_\_\_\_\_

Attn: Manager of Field Services

Re: Pressure Test Record

85 Swift St.  
Burlington, VT 05402-0467  
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: \_\_\_\_\_