

# Test Record for Pressure/Vacuum\*\* Test of HVAC System

Record No.: \_\_\_\_\_

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	System designation: _____

Reference Document: BN-G-Y014, 14.4

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
<b>1.0 Preparation</b>  Test procedure approved System sealed, test limits noted Estimated test system volume .....m <sup>3</sup> Measuring equipment calibrated and connected		H		Procedure attached Marked-up drawing attached  Certificates attached
<b>2.0 Test</b>  Duration: start time .....hr, date..... finish time.....hr, date..... =..... hr duration  Pressure/ Specified .....Pa Vacuum** Measured.....Pa  Leakage: Specified <.....m <sup>3</sup> /hr Measured..... m <sup>3</sup> /hr  Deflection: Specified <.....mm Measured..... mm  Conclusion:		H		Measurement points marked up on attached drawing
<b>3.0 Re-instatement</b> Completed		H		

H - Company's presence is mandatory for all activities in section.  
 h - Company's presence is mandatory.

Attachments, No. of pages:

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

\*Company only initials for holdpoint  
 \*\* Delete as necessary