



UPF PRESSURE TEST INSPECTION RECORD

Work Package No.: _____

Task No.: _____

NOTE: Any item marked with an NA or selected as NO shall be documented on the Pressure Test Status Log accordingly. Additional Supporting Documents shall be listed in the Status Log.

Section 1 – Initiation (Owner Completes This Section)

Responsible Field Engineer (Print):		Date:	Phone:
Test Package Number:	Rev:	Project Name: Uranium Processing Facility	
Facility/Building/Area: UPF/		Project No:	
System Description/Scope of Test Boundaries:		System:	
Is this a re-test: * Yes No	Valve Line Up required (see CFN-1014): Yes No	Quality Level:	Q RS CC
*Prior Document No:			

Section 2a – Supporting Documents

Reference Document(s) No:	Revision No:
Reference Document(s) No:	Revision No:
Quality Control Review Approval (Print/Sign):	Date:

Section 2b – Test Information

Type of Pressure Test (check one):	Pneumatic Hydraulic Other (Specify)	P&ID Attached No:	
ASME Code:	Section I Section VI, Div 1 B31.1 B31.3 Other (Specify)	Design Temp:	
		Design Pressure:	
		Test Medium:	
Applicable Code / Specification:			

Section 2c - Test Requirements

Required Test Pressure:	Test Temperature:
Required Test Duration:	Ambient Temperature:

Acceptance Criteria:

Section 2d – Gauge Pressure Calculation:

Elevation between gauge and High Point: Yes* No	Time Factor: Yes* No
*	* 0.4327 psi/ft (0.0979 bar/m)
Calculated Value plus Required Test Pressure:	Equals Required Gauge Pressure:

Design Rep. concurrence by:(Print/Sign)

Date:

Section 3 – Permits Hazard Mitigation Documents (check all that apply):

<input type="checkbox"/> Confined Space <input type="checkbox"/> Excavation/Penetration <input type="checkbox"/> Fire Protection System Impairment	<input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> No permits required <input type="checkbox"/> Other (describe in Status Log) <input type="checkbox"/> Effected Area Boundaries Posted	Permit No(s):
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Section 4 – Pretest Checkouts:

Piping Adequately supported?	YES NO	Test Gauge Zeroed?	YES NO
Test Relief Valve in Place	YES NO	Required Calibration Current on M&TE	YES NO
NDE Complete/Acceptable	YES NO	Other (Specify):	YES NO

Test Apparatus with adjustable PRV calibrated in place prior to test. Gauge Reading:

Performed by (Print/Sign):

Date:

Section 5 – Pretest Acceptance Review: (Print/Sign/Date)

Field Engineer:	Welding Engineer:
QC Engineer:	Superintendent:
Quality System = Yes No	



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Facility/Building/Area: UPF/		Project No:

Section 6 - Third Party (if required) Witness Completed, if "waived" by third party note in signature block.

	Print / Sign	Date/Time	Required	
Y12 Contact:			YES	NO
Notification by:			YES	NO
Witness Completed:			YES	NO

Section 7 - Test Results - Time / Date:

	Start Test Hold	End Test Hold / Start Examination	End Examination
Time			
Primary Gauge Pressure (psi)			
Secondary Pressure Gauge Pressure (psi)			

NOTE:

(Pneumatic Test Only): After Hold Time, Pressure is dropped from test pressure to design pressure prior to walk down and or inspection.

PRV Pre-Set Value:	
Test Results	Satisfactory Yes No*

***NOTE:**

If test results are Unsatisfactory then an entry into the PT Status Log shall be made to discuss the trouble shooting and / or repairs required. A new PT Status Log shall be used for re-test(s) operations, attached to the original and noted as the appropriate revision(s).

Section 8 - Measuring and Test Equipment

	ID:	Range:	Cal Date:	Cal Due:
Primary Pressure Gauge				
Secondary Pressure Gauge				
Other:				

Comments: Document in status log

Section 9 - Test Acceptance (Print/Sign/Date)

Field Engineer:	Third Party (n/a if not required):
QC Engineer:	Other:

Section 10 - System Restoration (Print/Sign)

System restored:	Yes No -	Document system status, configuration and notes in Pressure Test Status Log
Superintendent:		Date:

Comments noted to Status Log: **Yes No**

Section 11 - Form Review (Print/Sign)

Reviewer Field Engineer:	Date:
Reviewer Quality Control:	Date:

