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| HYDROSTATIC/PNEUMATIC TEST RECORD QA FORM 26 Planning must fill in blocks identified by a ♦ prior to issuing  | Page \_\_\_ of \_\_\_­ |
| ♦1. SHIP | HULL NO. | ♦2. JCN | ♦3. LWC/SHOP | ♦4. CWP/REC SER NO. | ♦5. SYSTEM/COMPONENT |
|  |  |  |  |  |  |
| ♦6. REFERENCES(TEST PRESSURE DRAWINGS, REFERENCE MANUALS OR OTHER APPLICABLE REFERENCES) |
| A.  | B.  | C.  |
| ♦7. REQUIREDTEST AND INSPECTION– SPECIFY TEST REQUIREMENTS [i.e., TYPE OF TEST, TEST FLUID, SPECIAL VALVE POSITIONS, DURATION, TEST MEDIUM, ACCEPTANCE CRITERIA, JOINTS TO BE TESTED (IF ENTIRE COMPONENT/SYSTEM IS TESTED, SO STATE)]. |
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| ♦8. DIAGRAMOF TEST AREA INCLUDING GAGS AND BLANKS INSTALLED, VALVE POSITIONS, AND TEST GAGES/INSTR USED (DOCUMENT BELOW). |
| 9. GAGE DATA | RANGE (PSIG**)** | SERIAL # | CAL DUE DATE |
| PRIMARY |  |  |  |
| BACKUP |  |  |  |
| ♦10. REQUIRED TEST PRESSURE (PSIG) AND TEST DURATION**:** |  | 11. ACTUAL TEST PRESSURE (PSIG) AND TEST DURATION: |  |
| 12. TEST MEDIUM |  13. TEST RESULTS (CHECK ONE): | [ ]  SAT **[ ]** UNSAT |
| 14. REMARKS**:** |
| 15. CERTIFICATION |
| PERFORMED BY | INSPECTED BY |
| CRAFTSMAN SIGNATURE/BADGE NO. | DATE | QA INSPECTOR/SHIPYARD REP SIGNATURE/BADGE NO. | DATE |
|  |  |  |  |