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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)]. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| ♦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 |
|  | | | |  | | |  | | | |  |