

Consumer Piping Test Report

 Please complete in **BLOCK LETTERS**.

Gas installation details

Gas application number

Applicant name

Applicant address

VBA licence number

Installation address

Test for gas tightness details (AS/NZS 5601.1.2013 – Appendix E)

Type of gas

Natural gas

LP gas

Other
(specify)

Test instrument

Manometer

Dial gauge
(specify gauge range)
Other
(specify)

Pipe size

Pipe length

Normal operating pressure

 kPa

Duration of test

 Hours

Test pressure

 kPa
Minutes

Pipe volume

 M³

Complete test of installation

OR

Section test

Describe section tested

Signature

Date
 / /

By signing this form, I certify that I am the person named above and this gas installation will meet the requirements of the Gas Safety Act 1997 and the Gas Safety (Gas Installation) Regulations 2008. I understand it is an offence to provide false or misleading information to Energy Safe Victoria under section 117 of the Gas Safety Act 1997.

 Please return this form via email to gasapplication@esv.vic.gov.au, fax **(03) 9271 5454** or via **GasTrac**