

## RAILROAD COMMISSION OF TEXAS Safety Division

## TEXAS SCHOOL LP-GAS LEAKAGE TEST REPORT

Name of School District:	
Printed Name of School/School District Representative:	
Signature of School/ School District Representative:	-
Title of Representative:Date:	-
SCHOOL DISTRICT FACILITY	(RRC Use Only)
[USE SEPARATE SHEET FOR EACH BUILDING OR INSTALLATION TESTED]	
Building Name or Number:	
Physical Address of Building:	Site ID No.
Serial Number of Container(s) Supplying the Building:	
NORMAL OPERATING PRESSURE OF SCHOOL LP-GAS SYSTEM	Inspector's Initials
From container(s) to building(s): psig or ounces (Circle one)	
Piping inside building(s):psig and/or ounces or inches w.c. (Circle one)	Date
A. Pressure gauge inserted between container shutoff valve and first stage regulator (psi test)  B. Pressure gauge inserted between the first and the second stage regulator (psi test)  C. Water manometer or pressure gauge inserted at an appliance (inches w.c. or ounces/sq.in. test)  TEST DURATION:	
REGISTERED WITH THE TEXAS RAILROAD COMMISSION AS A LICENSED PLUMBER OR HVAC LICENSEE (Print name of person conducting test & Plumbing or HVAC-License number)	
□ AN EMPLOYEE OF THE SCHOOL WHO IS CERTIFIED WITH THE TEXAS RAILROAD COMMISSION TO CONDUCT LEAKAGE TESTING OF LP-GAS SYSTEMS (Print name and last 4 digits of employee's social security number):	
Telephone Number for Person who Performed Testing: ( )	
Signature of Person Performing Leakage Testing:	