

**Gas Piping Pressure Test Report For
 Mobile Food Trucks**
The Gas and Oil Burner Act

ITS GO Form 09

This form must be completed for piping installations, alterations, or repairs prior to final inspection of all outdoor mobile food service units using propane. Pressure testing involving concealed piping must be witnessed by the gas fitter. All pressure tests shall be completed as per CSA 149.1 and CSA B149.2 procedures.

| I. APPLICANT INFORMATION (PLEASE PRINT) | | |
|--|-------------------------|--|
| DATE | VIN # | GAS PERMIT NUMBER (IF APPLICABLE) |
| LOCATION OF TEST | | |
| OWNERS/MANUFACTURER'S NAME | PHONE NUMBER | EMAIL |
| II. TEST AND EQUIPMENT INFORMATION (PLEASE PRINT) | | |
| REASON FOR TEST NEW PIPING REPAIR ADDITIONAL PIPING** OTHER (Please list): _____ ** The piping tested must be identified on site** | | |
| PRESSURE TEST START TIME | PRESSURE TEST STOP TIME | PRESSURE TEST DURATION |
| PRESSURE AT START OF TEST | | PRESSURE AT END OF TEST |
| TEST MEDIUM USED | | PRESSURE GAUGE USED |
| LEAK DETECTION USED: ELECTRONIC DETECTOR SOAP SOLUTION | | |
| LENGTH OF PIPING | SYSTEM WORKING PRESSURE | TYPE OF PIPING TESTED |
| III. GAS FITTER INFORMATION (PLEASE PRINT) | | |
| FITTER'S NAME | | LICENSE NUMBER |
| PHONE NUMBER | | EMAIL |
| COMPANY | | QUALITY ASSURANCE NUMBER (IF APPLICABLE) |
| WITNESS | | WITNESS PHONE NUMBER |
| IV. DECLARATION (Please read carefully and sign) | | |
| I, _____ with License # _____ declare that the information on this affidavit is accurate. (Name of Licensed Gas Fitter) (Print Gas Fitter License #) | | |
| Having completed the pressure test, I do also declare that the said system is gas tight. No accessory, component, or appliance was tested above its maximum working pressure. Any accessory, component, or appliance with a pressure rating lower than the maximum test pressure was removed prior to the start of testing. Removed accessories, components, or appliances have been correctly reinstalled and pressure tested. All pressure testing was completed as outlined by the most current copy of the CSA B149.1 Natural Gas and Propane Installation Code. | | |
| SIGNATURE OF GAS FITTER | | DATE (YYYY/MM/DD) |
| INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY | | |
| DATE RECEIVED (YYYY/MM/DD) | RECEIVED BY | SIGNATURE |