



OFFICE OF THE STATE FIRE MARSHAL
 PIPELINE SAFETY DIVISION
 3780 Kilroy Airport Way, Suite 500
 Long Beach, CA 90806

Appendix D – Test Results Form HYD-3
 Revision Date: 04/2020

HYDROSTATIC TEST RESULTS/ PIPELINE DATA				
Test Date:		CSFM Test ID #		
Pipeline Operator:		Independent Testing Firm:		
Type of Test and Pipeline Identification (description, line number, name, pre-tested pipe, etc.)				
1 Year 2 Year 3 Year 5 Year IMP (Part 195.452) OSFM High Risk Pre-tested pipe New Construction Relocation Facility (includes: Valves, Receivers, In-plant Piping)				
Comment:				
Pipeline Location (mile post, street, station, etc.)				
From:				
To:				
CSFM Line ID#:				
Product Normally Transported:				
Test Medium :		Water Other (Specify)		
Location of Deadweight Tester: *			Deadweight Elevation (ft):*	
Elevation of Pipeline		High Point (ft):*	Low Point (ft):*	
Test Pressure		High Point (psig):*	Low Point (psig):*	
Maximum Operating Pressure (psig):*				
PIPE DATA				
Pipe O.D. (in.)	Wall Thickness (in.)	Specification & Grade (SMYS)	Length of test segment (ft)	Volume (Barrels)
TEST EQUIPMENT				
Make of Deadweight Tester		Serial #		Date Last Calibrated
Make of Pressure Chart Recorder (1) / Gauge (2)		Serial #		Date Last Calibrated
1) Recorder:				
2) Gauge:				
Make of Temperature Recorder (1) / Gauge (2)		Serial #		Date Last Calibrated
1) Recorder:				
2) Gauge:				
GPS	Beginning Location:		Ending Location:	
Latitude:				
Longitude:				
* N/A is not acceptable in these fields.				

LIST ALL LEAKS ON LINE PIPE RESULTING FROM UNSUCCESSFUL TEST ATTEMPTS

LOCATION	CAUSE

Approved Hydrostatic Testing Firm

Name of Employee(s) and Company Conducting Test:		
Name of Independent Testing Firm Witnessing Test:		
Name of Certified Independent Witness on Site:		Date:
Pipeline Operator's Representative on Site:		Date:
Name of Person Certifying Test Data for Witnessing Firm:		Date:

Note: