

Clear Save As



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

## NOTIFICATION OF HYDROSTATIC TEST



Operator must Email request to: [PipelineNotification@fire.ca.gov](mailto:PipelineNotification@fire.ca.gov)

Operator Name:	
Operator ID:	
OSFM Line ID:	
	If the test includes multiple OSFM lines, a separate notification must be submitted for each individual OSFM Line ID
High Risk:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company Performing Hydrotest:	
Person Requesting (Operator):	
Title:	
Address:	
City:	
State:	
Zip Code:	
Phone:	
Email:	
Test Date:	
Test Duration:	<input type="checkbox"/> 4 Hours <input type="checkbox"/> 8 Hours
Type of Test:	<input type="checkbox"/> OSFM High Risk <input type="checkbox"/> IMP (Part 195.452) <input type="checkbox"/> New Construction <input type="checkbox"/> Relocation <input type="checkbox"/> 1 year <input type="checkbox"/> 2 year <input type="checkbox"/> 3 year <input type="checkbox"/> 5 year <input type="checkbox"/> Pre-tested Pipe <input type="checkbox"/> Facility (includes Valves, Receivers, In-plant Piping)
Test Medium:	<input type="checkbox"/> Water <input type="checkbox"/> *Other (OSFM Waiver Required, please attach justification)
If Other, List Test Medium:	
Length of Pipe Tested (feet):	
Proposed Test Pressure (psig):	
MOP of Pipeline (psig):	
Test Equipment Location:	

Comments:

The State Fire Marshal and the local fire department must be notified by the Operator at least 3 working days prior to the Hydrostatic Test for the pipeline.

Please include a one-page PDF map of the proposed line that will be tested with this submission.

For Official Use, only:

OSFM Test ID:	Notification Date:	Notification Received By:
Waiver Request Received Date:	Waiver Request Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Approval Letter Sent Date:

If the Test Medium is NOT Water, a Waiver is Required.