

COUNTY OF SUMMIT, OHIO

Ilene Shapiro, Executive

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Gas Pressure Test Form

This Form Applies to Commercial Projects Only

Specific Project Details / Information:

Project Name: _____ Address: _____

City / Township: _____ Zip Code: _____

Gas Line Details: (Exposed / Above Grade after Meter)

Test Pressure / Duration Minutes: _____ psig @ _____ Minutes.

Installed and Tested by: _____ Date: _____

Installing Firm / Contractor: _____ State ID #: _____

Address: _____ City: _____ Zip Code: _____

Witness: _____

Contact Person: _____ Permit #: _____

*****If welding was required – the following information shall be provided*****

Welder Name: _____ Certification #: _____

Expiration Date: _____

Note: Test pressure shall not be less than 1.5 times the proposed maximum working pressure, but not less than 3 psig irrespective of the design pressure. When test pressure exceeds 125 psig, the test pressure shall not exceed a value that produces a hoop stress in the piping greater than 50% of the specified minimum yield strength of the pipe. Test shall be conducted with an approved gauge only (no spring gauge). ***Installers warrant that all materials and installations comply with the State of Ohio, currently adopted version of the International Fuel Gas Code (IFGC).***

This form shall be completed and returned to County of Summit, Building Standards Division prior to the issuance of the Certificate of Occupancy.