

# Checklist (for test units)



40069-ZOLA PREDOSA ( BO ) VIA CALARI 16 Tel +39/051/590900 Fax +39/051/592293 E-mail [tsa@tsabologna.com](mailto:tsa@tsabologna.com)  
[www.tsabologna.com](http://www.tsabologna.com)

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Company name:..... Date:.....  
..... Phone:.....  
Contact person:..... E-mail:.....

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Information of the customers application:

## Hydrostatic Pressure testing

Type:     vessel             reservoir             pipe             hose             valve

.....

Pressure test :

Connection     Flanged            size :.....     Theraded ..... inch

Other (please describe here).....

.....

Volume :         ..... Ltr                             ..... Cu inch

Test pressure :  ..... Bar                             ..... Psig

Airdrive

pressure :         ..... Bar                             ..... Psig

Test media :     Water             oil             Other .....

Prefilled :         Yes                             No

Vented (air out):  Yes                             No

Time to

pressurize:        ..... in minutes.

Pressure reading:  Analogue             Digital

Liquid reservoir:  Yes                             No             ..... Ltr             ..... Cu inch