

# PRESSURE TEST CERTIFICATE

| Site details |                    |
|--------------|--------------------|
| Site name    | Date               |
| Address      | Reference          |
|              | Technician         |
|              | Floor level        |
|              | Pipe reference     |
|              | Manifold reference |

| Please tick the appropriate boxes                          |  |                                 |                |                              |                              |
|--|--|---------------------------------|----------------|------------------------------|------------------------------|
| <input type="checkbox"/> Installation                      | <input type="checkbox"/> Re-pressurise | <input type="checkbox"/> Repair |                |                              |                              |
| Test method  | Hydraulic (Water)                      | <input type="checkbox"/>        | Period of test | Min 30 mins                  | <input type="checkbox"/>     |
| Test method  | Co <sup>2</sup> (air)                  | <input type="checkbox"/>        | Test pressure  | Min 4 bar                    | <input type="checkbox"/>     |
| Sufficient room to attach pumpset (minimum 250mm required) |  |                                 |                | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Has the manifold label been fitted?                        |  |                                 |                |                              | <input type="checkbox"/>     |

Ambiente recommends taking extra care when pressure testing in cold or sub-zero temperatures and would strongly advise against leaving any plain water in the system that may be at risk of freezing.

| Description                | Yes                      | No                       | Comments |
|----------------------------|--------------------------|--------------------------|----------|
| System left drained        | <input type="checkbox"/> | <input type="checkbox"/> |          |
| System left full of water  | <input type="checkbox"/> | <input type="checkbox"/> |          |
| System left under pressure | <input type="checkbox"/> | <input type="checkbox"/> |          |

| Signature of tester | Print name | Date |
|---------------------|------------|------|
|---------------------|------------|------|

| Signature of witness | Print name | Date |
|----------------------|------------|------|
|----------------------|------------|------|