

**EXHIBIT B
Pressure Testing Permit***

Date: _____

Type of Test: Hydrostatic Pneumatic

Test Pressure _____ psig Maximum Allowable Working Pressure _____ psig

Items to be Tested (Append additional pages as necessary)

Location of Test _____ Date and Time _____

Hazards Involved (use Hazard Analysis form FESHM 2060 if more space is required)

Safety Precautions Taken (Append additional pages as necessary)

Special Conditions or Requirements (Append additional pages as necessary)

Signatures Required Prior to Pressure Test

Engineering Note Peer Reviewer/ID# _____
Div/Dept/Date _____Division Safety Officer (DSO) or Designee/ID# _____
Div/Dept/Date _____

Pressure Test Results (Append additional pages as necessary)

Signatures Required After Pressure Test (both parties must be present for test)

Test Coordinator/ID# _____
Div/Dept/Date _____DSO or Designated Observer/ID# _____
Div/Dept/Date _____