



**EXHIBIT B
Pressure Testing Perm**

Date: _____

Type of Test: Hydrostatic Pneumatic

Test Pressure _____ psig Maximum Allowable Working Pressure _____ psig

Items to be Tested

Location of Test _____ Date and Time _____

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

Safety Precautions Taken

Special Conditions or Requirements

Qualified Person and Test Coordinator _____
Dept/Date _____

Division/Section Safety Officer _____
Dept/Date _____

Results

Witness _____ Dept/Date _____
(Safety Officer or Designee)

* Must be signed by division/section safety officer prior to conducting test. It is the responsibility of the test coordinator to obtain signatures.