

Consumer Piping Test Report

Conditions of Acceptance Form



Gas Installation Details

Gas Application Number	
Installation Address	
VBA License	
Applicant Full Name	

Test for gas tightness details (AS/NZS 5601.1 –Appendix E)

Type of Gas	<input type="checkbox"/> Natural Gas
	<input type="checkbox"/> LPG
	<input type="checkbox"/> Other (specify) _____
Test Instrument	<input type="checkbox"/> Manometer (water gauge)
	<input type="checkbox"/> Manometer (digital)
	<input type="checkbox"/> Other (specify) _____

Pipe Volume		Litres
Nominal operating pressure		kPa
Test pressure		kPa

Duration of Test		Hours
		Minutes

Test Completion

Complete Test

OR

Section Test

Describe section tested

Signature _____

Date _____

By signing this form, I certify that I am the licensed gasfitter, and this gas installation will meet the requirements of the Gas Safety Act 1997 and the Gas Safety (Gas Installation) Regulations 2018. I understand it is an offence to provide false or misleading information to Energy Safe Victoria under section 117 of the Gas Safety Act 1997.