

56 W Bow St  
Franklin, NH 03235  
603-934-5680 (p)  
603-934-7408 (f)

**Franklin Fire Department  
In-Service Inspection Form**



**Gas Piping for Natural and LP Gas**

Owner: \_\_\_\_\_

Site Address: \_\_\_\_\_

Installer: \_\_\_\_\_

Date: \_\_\_\_\_

**System Pressure Test**

The City of Franklin and NFPA 54, *National Fuel Gas Code*, require that pressure tests be conducted on ALL gas piping systems. In the event that piping is added as a result of repairs or additions, the piping involved shall be re-tested.

Pressure testing methods and procedures shall be conducted in compliance with applicable Codes and industry standards.

The pressure test duration shall meet **minimum Code requirements** without observable drop (other than normal atmospheric changes).

Pressure test start:      Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pressure: \_\_\_\_\_  
Units

Pressure test end:      Date: \_\_\_\_\_ Time: \_\_\_\_\_ Pressure: \_\_\_\_\_  
Units

I attest under penalty of perjury that the information provided to the Franklin Fire Department regarding the pressure applied and duration of the above pressure test is accurate.

\_\_\_\_\_  
Name of Person Conducting Test\*  
*Please Print*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Test Date

Gas Fitters License #: \_\_\_\_\_

**\* When test is completed return this form, with original signature, to the Franklin Fire Department, Fire Prevention Bureau at the time of inspection.**

**NO gas appliance or tank inspection will be scheduled until a completed pressure is complete and documentation is available**