

## Construction Management

University of Missouri-Columbia

Columbia, MO 65211-3200 Date: PROJECT: PHONE (573) 882-1133 FAX (573) 882-1175 SPECIFICATION PRESSURE TEST Date\_\_\_\_\_ Type of piping system being tested: Location of piping being tested: Test Requirements: Medium: Water Air Other \_\_\_\_\_ Pressure \_\_\_\_\_ Duration\_\_\_\_ Loss allowed \_\_\_\_\_ Starting Date/Time\_\_\_\_\_ Ending Date/Time\_\_\_\_\_ Duration\_\_\_\_\_ Pressure\_\_\_\_ Pressure\_\_\_\_\_ Loss\_\_\_\_\_ Contractor\_\_\_\_\_ Construction Management\_\_\_\_ { } Pass { } Failed Comments:

Planning, Design &

117 General Services Building

Construction
Campus Facilities

<u>Name</u>	Organization	Title	Signature
-			
	University of Missouri Commi	ssioning Authority	
			(Place Digital Locking Stamp Here)

\*Fill out all form fields before signing!