



香港管綫
專業學會

Hong Kong Institute of Utility Specialists

Air Test Record Sheet

Field No : _____

Date : _____

Project number : _____

Project name : _____

Location : _____

Client : _____

Contact person : _____

Tel : _____ Fax : _____

U tube : _____ Others : _____

Pipe Details

Pipe section	Internal Diameter	Pipe Length	Pipe Material	Lining (Y/N)

TIME	Reading	REMARK

Test Result (Pass / Fail)

OVERALL REMARKS:

PREPARED BY: _____ (Signature: _____)