

Certificate of Final Pressure Test

Date: _____

Retailer Reference Number: _____

To : Gas Retailer

Gas supply to:

(Project Name)

(Address of Premises / Development)

(As-Built Drawing Nos)

I certify that the gas installation has passed the final pressure test on _____ conducted in accordance with the * Singapore Standard, SS 608, Code of Practice for Gas Installation or

_____.
(Please specify other relevant code / standard, if applicable)

<u>Test Pressure</u>	Maximum Allowable Operating Pressure
First Test: _____ Duration: _____	MAOP: _____ bar
Second Test: _____ Duration: _____	
Other additional test (please specify): _____	

No person shall be allowed to carry out any further work on this installation without prior written consent from the respective gas retailer.

Certified by: _____ Date: _____
(Signature & Stamp of Designated Representative)

Name: _____ *PE / LGSW No: _____

Witnessed by: _____ Date: _____
(Signature of Retailer's Project Coordinator)

Name: _____

Copy given to: Name / Company / Signature

(Please tick appropriate box)

- ☐ Owner _____
- ☐ MCST _____
- ☐ Main Contractor _____
- ☐ Consultant _____
- ☐ Others _____

*: delete where not applicable