

LACONIA FIRE DEPARTMENT
848 NORTH MAIN STREET
LACONIA, NH 03246
603-524-6881

Laconia Fire Department
In-Service Inspection Form



Gas Piping for Natural and LP Gas

Owner: _____

Site Address: _____

Installer: _____

Date: _____

System Pressure Test

The City of Laconia 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 Laconia 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 Laconia Fire Department, Fire Prevention Bureau in person at the address listed above.**

NO: gas appliance or tank inspection will be scheduled until a completed pressure test form is received at the Fire Prevention Bureau office.

NOTE: Please provide adequate time between submission of this completed form and requesting any appliance or tank inspection. The Fire Prevention Bureau requires two (2) business days notice in scheduling inspections.