

www.Inspection-for-Industry.com Quality Control Form	Project:	
	Client:	Report No.:
HYDROSTATIC TEST REPORT STORAGE TANK	Contractor:	Date:
	Ref. Standard:	Page 1 of 1
	Doc. No.:	

Area/ Location:	DWG No.:
-----------------	----------

Item No.:	Part No.:							
Tank No.:								
Test Type:	Hydro Pneumatic <input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydrostatic <input type="checkbox"/>							
Test Medium:	Water <input type="checkbox"/> Air <input type="checkbox"/> Others <input type="checkbox"/>							
Water Pressure:								
Air Pressure:								
Water Height:								
Holding Time After Filling The Tank:								
Test Result:	Shell: Roof Soap Test:							
Foundation Settlement								
Height	0 °	45 °	90 °	135 °	180 °	225 °	270 °	315 °
0 (H)								
1/3 (H)								
2/3 (H)								
3/3 (H)								
Draining-Rinsing								
1. Fluid Name:								
2. Number of Rinsing:								

Quality Control	TPI Inspection	EPC Contractor	Client
Name:	Name:	Name:	Name:
Sign:	Sign:	Sign:	Sign:
Date	Date	Date	Date: