

JOHN W. GLEIM, JR., INC.
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(717) 243-7160

TESTING REPORT

Job Name: _____ Job # _____
(and/or Address)

Location: _____ Date: _____

Check one of the following:

- AIR TEST HYDROSTATIC TEST OTHER
 WATER TEST VACCUM TEST

Description of test: _____

Time test began: _____ Duration of test: _____

Time test ended: _____ Test pressure: _____ lbs

RESULTS:

Technician

Witness and
Owner Representative