WORK HEALTH & SAFETY

Pressure Testing Permit

Authorisation for pressure testing of systems & pipework

PRESSURE TESTING

Permit no.: _____

Valid: **single task / shift**

SITE / BUILDING	ADDRESS	SPECIFIC LOCATION / AREA	DESCRIPTION OF WORK
VALID FROM (DATE / TIME)	**VALID TO (DATE / TIME)**	**SWMS / JSA REF.**	**PERMIT NO.**

1 This permit covers

- ☐ Fire sprinkler testing
- ☐ Hydrant testing
- ☐ HVAC pipework testing
- ☐ Gas line testing

2 Requirements — confirm before work commences

#	REQUIREMENT	YES	NO	N/A	COMMENTS
1	Test pressure identified	☐	☐	☐	
2	Test medium identified (water / air / nitrogen)	☐	☐	☐	
3	Equipment inspected	☐	☐	☐	
4	Test gauges calibrated	☐	☐	☐	
5	Exclusion zone established	☐	☐	☐	
6	Emergency shutdown procedure available	☐	☐	☐	
7	Test supervisor assigned	☐	☐	☐	
8	Test duration documented	☐	☐	☐	
9	Leak monitoring established	☐	☐	☐	

3 Test details

TEST MEDIUM (WATER / AIR / N_2)	TEST PRESSURE	TEST DURATION
GAUGE CALIBRATION DATE	**TEST SUPERVISOR**	**MAX ALLOWABLE PRESSURE**

✎ Authorisation & acceptance

This permit is **not valid until authorised**. By signing, the receiving worker confirms they understand the hazards, controls and conditions of this permit.

ISSUED / AUTHORISED BY (NAME & SIGNATURE)	POSITION	DATE / TIME
ACCEPTED BY (RECEIVING WORKER — NAME & SIGNATURE)	**COMPANY / ROLE**	**DATE / TIME**

✓ Completion & cancellation

On completion, confirm the area is safe, controls / isolations removed where appropriate and systems returned to normal.

PERMIT CLOSED / CANCELLED BY (NAME & SIGNATURE)	POSITION	DATE / TIME

Guidance only. Pressurised systems store significant energy — **pneumatic (air / gas) testing is especially hazardous** and should be avoided where a hydrostatic (water) test is suitable. Establish an exclusion zone, use calibrated gauges and a competent test supervisor, and test to the pressures and method required by the relevant system Standard.