UPF VALVE LINE-UP SHEET FOR PRESSURE TESTING

Work Package No.: _____

Task No.: _____

DMC NUMBER:	**DATE:**
TEST NUMBER: **DATE:**	Sheet _____ of _____
PROJECT NUMBER:	**PROJECT NAME:**
FAC/BLDG/AREA: UPF/ **SYSTEM:**	**ASME CODE:** ☐ **YES** ☐ **NO**

VALVE NUMBER	DESCRIPTION	POSITION	TAG NUMBER

	RS/Designee	Field Eng/Inspector
COMPLETENESS CHECK PRIOR TO PRESSURIZATION	☐	☐
EQUIPMENT/SYSTEM DRAINED	☐	☐
TEST BLANKS, GAGES, VALVES, ETC. REMOVED	☐	☐
VALVES, INSTRUMENTS, ETC. REMOVED FOR TEST REINSTALLED	☐	☐
EQUIPMENT FLANGES STRESS FREE	☐	☐

REMARKS:

PREPARED BY (Print/Sign)**:**	**DATE:**
REVIEWED BY (Print/Sign)**:**	**DATE:**
REVIEWED BY QCE (Print/Sign)**:**	**DATE:**