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Date

LEAK DETECTOR TEST (DATA SHEET)

Test Location Information

Name	
Address	
City	
Phone	
Contact	

Technician Information

Name	
Cert #	

TYPE OF LEAK DETECTOR

PUMP #	MAKE	MODEL	SERIAL#
1			
2			
3			
4			
5			
6			
7			
8			

Pump #	PRODUCT TYPE	Pump Pressure	Functional Element Holding PSI	Resiliency	Test Leak Rate ML/MIN	Opening Time	Pass/Fail
1					189ml		
2					189ml		
3					189ml		
4					189ml		
5					189ml		
6					189ml		
7					189ml		
8					189ml		

Technician Signature :