



CONTAINMENT SUMP INTEGRITY TESTING HYDROSTATIC TESTING METHOD						
Facility Name:			Owner:			
Address:			Address:			
City, State, Zip Code:			City, State, Zip Code:			
Facility I.D. #:			Owner Phone #:			
Testing Company:			Phone #:		Date:	
This procedure is to test the leak integrity of containment sumps. See PEI/RP1200 Section 6.5 for the test method.						
Containment Sump ID						
Containment Sump Material						
Liquid and debris removed from sump?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Visual Inspection (No cracks, loose parts or separation of the containment sump.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Containment Sump Depth						
Height From Bottom to Top of Highest Penetration						
Starting Water Level						
Test Start Time						
Ending Water Level						
Test End Time						
Test Period (Minimum test time: 1 hour)						
Water Level Change						
Pass/fail criteria: A passing test must show no liquid loss measured during the testing interval.						
Test Results	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Comments: 						

*All liquids and debris must be disposed of properly.

Tester's Name (print) _____ Tester's Signature _____