

## Certificate of Final Pressure Test

Date: \_\_\_\_\_

Retailer Reference Number: \_\_\_\_\_

To : Gas Retailer  
\_\_\_\_\_  
\_\_\_\_\_

### Gas supply to:

\_\_\_\_\_  
(Project Name)

\_\_\_\_\_  
(Address of Premises / Development)

\_\_\_\_\_  
(As-Built Drawing Nos)

I certify that the gas installation has passed the final pressure test on \_\_\_\_\_ conducted in accordance with the \* Singapore Standard, SS 608, Code of Practice for Gas Installation or

\_\_\_\_\_  
(Please specify other relevant code / standard, if applicable)

<b><u>Test Pressure</u></b>	<b>Maximum Allowable Operating Pressure</b>
First Test: _____ Duration: _____	MAOP: _____ bar
Second Test: _____ Duration: _____	
Other additional test (please specify): _____	

No person shall be allowed to carry out any further work on this installation without prior written consent from the respective gas retailer.

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature & Stamp of Designated Representative)

Name: \_\_\_\_\_ \*PE / LGSW No: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Retailer's Project Coordinator)

Name: \_\_\_\_\_

**Copy given to:** Name / Company / Signature

(Please tick appropriate box)

- Owner \_\_\_\_\_
- MCST \_\_\_\_\_
- Main Contractor \_\_\_\_\_
- Consultant \_\_\_\_\_
- Others \_\_\_\_\_

\*: delete where not applicable