

# TEXAS SCHOOL FACILITIES

## GAS PIPE TESTING FORM

SCHOOL DISTRICT NAME: \_\_\_\_\_

SCHOOL ADMINISTRATION ADDRESS/LOCATION: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL DISTRICT REPRESENTATIVE SIGNATURE:

\_\_\_\_\_

POSITION: \_\_\_\_\_

NUMBER OF SEPARATE FACILITIES (METERS) IN THIS DISTRICT: \_\_\_\_\_

FACILITY NAME	TEST DATE	TEST RESULT (Pass/Fail)	Acct. or Meter No.
Example: ABC Elementary *	08/01/97	Pass	12-3-4567-8910-1 or 411382

\* For each facility listed a Gas Pipe Test Results Form (PS-86B) must also be completed.

