

Certificate of Proof Test

Date: _____

Retailer Reference Number: _____

To : _____

Gas supply to:

(Project Name)

(Address of Premises/Development)

(As Built Drawing Nos)

I certify that the *consumer's service pipe / consumer's internal pipe has passed the proof test on _____ (Date) conducted in accordance with the Singapore Standard, SS 608, Code of Practice for Gas Installation or _____.
(Please specify other relevant code / standard, if applicable)

Test Pressure

Proof Test: _____ Duration: _____

Other additional test (please specify): _____

I request that gas be *Turned-On / Re-commissioned to the gas installation.

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