



Hose assembly test and inspection report

Form Number: NEE-FRM-012

Revision: 0

FACILITY NAME:

TEST DATE:

ADDRESS:

FACILITY REG. NO.:

HOSE OWNER:

UNIT #

ADDRESS:

HOSE SERIAL #

VISUAL INSPECTION	COMPLIES		COMPLIES		COMPLIES	
	YES	NO	YES	NO	YES	NO
EXPOSED REINFORCEMENT						
KINKED, FLATTENED OR PERMANENTLY DEFORMED WIRE BRAID						
SOFT SPOTS WHEN NOT UNDER PRESSURE, BULGING UNDER PRESSURE OR LOOSE OUTER COVERING						
DAMAGED, SLIPPING OR EXCESSIVELY WORN HOSE COUPLINGS						
LOOSE OR MISSING BOLTS OR FASTENINGS ON BOLTED HOSE COUPLING ASSEMBLIES						
DETERIORATED LEGIBILITY OR ABSENCE OF SERIAL OR ID NUMBER OR HAWP						

HOSE PRESSURE TEST

HOSE SERIAL #	HAWP (PSI)	TEST PRESSURE		TEST MEDIUM	PASS	FAIL
		(PSI)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DESCRIPTION OF DEFECTS FOUND AND METHODS USED TO REPAIR:

TESTER NAME:

SIGNATURE:

DATE: