

Gas Integrity Test & Gas Turn-On Affidavit

This certifies that the gas piping in the building indicated below has successfully passed a leakage test as prescribed by the local authority having jurisdiction.

(Building Address / City or Town / Zip Code)

Complete All Sections That Apply **Blue Card #:** _____

Lockable valves and test ports installed/exist at the base of each riser **YES** **NO** (circle one)

Gas Turn-On requested for the following equipment (specify):

Contractor to Check Appropriate Corrective Condition:

I have repaired and tested,

_____ Leak at gas equipment (specify unit or equipment) _____

_____ Control Valve _____ Pilot Valve _____ Appliance Valve

_____ Hood Draft _____ Appliance Regulator _____ Flue Connection

_____ Other (Specify) and or Provide Details For Above Items Checked _____

This certifies that all gas piping is complete and continuous up to the appliances, including appliance control valves, or end of use equipment in affected apartments or areas. **YES** **NO** (circle one)

It is also certified that in the affected area(s):

- All areas containing gas utilization equipment have been inspected and that the equipment fuel line valves have been closed. **YES** **NO** (circle one)
- All apartments containing gas appliances have been inspected and that the appliance valves have been closed. **YES** **NO** (circle one)
- All open-ended valves, stubs test connections, purge connections, or any other piping or fittings which could be left open, have been closed gas tight with a threaded plug or cap. For premises which have meters in the apartments, the meter cocks have been left open, so that the integrity test is complete to the appliance valves. **YES** **NO** (circle one)

In addition, I accept responsibility for the gas-in of any end of use gas equipment or appliances not gassed-in by Con Edison and identified above for turn-on. **YES** **NO** (circle one)

(Plumbing Contractor Company Name / Address / Telephone #)

(Plumber's Signature / License # / Date)