



**RAILROAD COMMISSION OF TEXAS**  
Alternative Energy Division  
LP-Gas Operations

**LPG FORM 30**

**TEXAS SCHOOL LP-GAS LEAKAGE TEST REPORT**

*Please Type or Print*

Name of School District: \_\_\_\_\_

Name of School Campus \_\_\_\_\_

Printed Name of School Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_

<b>(RRC Use Only)</b>
_____
Site ID No.
_____
Inspector's Initials
_____
Date
_____

**SCHOOL DISTRICT FACILITY**

(USE SEPARATE SHEET FOR EACH BUILDING OR INSTALLATION TESTED)

Building Name or Number: \_\_\_\_\_

Physical Address of Building: \_\_\_\_\_

Serial Number(s) of Container(s) Supplying the Building: \_\_\_\_\_

**NORMAL OPERATING PRESSURE OF SCHOOL LP-GAS SYSTEM**

From container(s) to building(s): \_\_\_\_\_ psig or ounces *(Circle one)*

Piping inside building(s): \_\_\_\_\_ psig and/or \_\_\_\_\_ ounces or inches w.c. *(Circle one)*

**INDICATE THE TEST PROCEDURE UTILIZED**

Leakage tests must be conducted pursuant to Tex. Admin. Code (TAC), Title 16, Chapter 9, LP-Gas Safety Rules, § 9.41

- A. Pressure gauge inserted between container shutoff valve and first stage regulator (psi test)
- B. Pressure gauge inserted between the first and the second stage regulator (psi test)
- C. Water manometer or pressure gauge inserted at an appliance (inches w.c. or ounces/sq.in. test)

TEST DURATION: \_\_\_\_\_ (Minutes)      DATE OF TEST: \_\_\_\_\_      TEST RESULTS:  Pass     Fail

**THE PERSON CONDUCTING THE LEAKAGE TEST IS:**

*(CHECK ONE)*

- CERTIFIED with the Texas Railroad Commission to perform LP-Gas leakage tests as a representative or employee of an LP-Gas licensee (Print name of person conducting test, last 4 digits of SSN & License number of licensee)  
\_\_\_\_\_
- REGISTERED with the Texas Railroad Commission as a licensed plumber or HVAC licensee (Print name of person conducting test & Plumbing or HVAC License number)  
\_\_\_\_\_
- AN EMPLOYEE OF THE SCHOOL who is certified with the Texas Railroad Commission to conduct leakage testing of LP-Gas systems (Print name of person conducting test and last 4 digits of SSN)  
\_\_\_\_\_

Telephone Number for Person who Performed Leakage Testing: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature of Person who Performed Leakage Testing: \_\_\_\_\_

The LP-Gas Safety Rules may be reviewed on the Commission's website at: [www.rrc.texas.gov](http://www.rrc.texas.gov)