



Rural Alaska Fuel Services

Location: <u>Atkasook</u>		Date: <u>03/31/14</u>	
Current Ambient Temp.:		Start Time for Test:	
Start Pressure:		End Pressure:	
Duration of test: ____ hours and ____ minutes		Pressure Lost (If Applicable): ____ P.S.I.	
Description of system to be tested (including condition, size, type, Connections= welded, threaded, etc.):			
Type of test to be done: Hydrostatic: _____ Air: _____ Other (specify): _____	Test method to be utilized:		Test gauge calibration Date:
Comments (include any corrective actions taken) <u>They had haul seal with tanker truck the seal is blown in - No marine headers</u>			
Test Conducted by (print name) <u>Wayne Moses</u>	Signature:	Date:	
Test Witnessed by (print name)	Signature:	Date:	

Note: Original of this Report **MUST** remain with the Spill Prevention and Response Plan, and a copy must be fax to R.A.F.S. in Anchorage at

Fax # 1-877-562-0435

6000 C St. Ste. 201 Anchorage, AK 99518
Telephone: (907) 562-0285 Fax (907) 562-0435

Pressure test - 3/31/14