FLUSHING TEST REPORT

PROJECT :				**Page**		**of**
CLIENT :				**System**		
SYSTEM						
Flushing type						
Valve number/Location	**Balancing valve size mm**	**Pipe size mm**	**Design Flushing L/s**	**Actual Flow L/s**	**Actual PD kPa**	**Notes**

Instrument:		Serial No of Test Instrument:	
Method Used:		Calibration Date :	
Technician :		Date :	
Witnessed By :		Date :	