



LOAD TESTING DOCUMENTATION FOR EQUIPMENT

Format No. :
Rev. No. & Date:
Record No. :

Document No. : _____ **Date of Testing:** _____

Equipment Name: _____ Equipment I.D.: _____

Unit: _____ Serial No. : _____ Model No.: _____

Type of Equipment: _____ Nos. of Testing: _____

Type of Tests: _____

Manufacturer: _____ Mfg. Batch No.: _____

Tests are performing on _____ % of Equipment capacity.

Equipment Testing

Equipment Capacity Test 01 _____ @ _____

Equipment Capacity Test 02 _____ @ _____

Equipment Capacity Test 03 _____ @ _____

Static & Dynamic Tests

Results

Unusual Conditions

Technician Name & Sign.