

# Manhole Vacuum Test Form

Name of Utility: \_\_\_\_\_

Test Date: _____	Contractor / Superintendent: _____
Project Name: _____	_____
City Project Number: _____	Engineer / Inspector: _____
Location: _____	_____

Drawing Sheet Number	Manhole ID	Manhole Sta. Number	Start Time	Start Pressure (inches of Hg)	End Time	End Pressure (inches of Hg)	Pass or Fail

\_\_\_\_\_