

**Data Form for Determination of Static Pressure Performance
of the Healy Clean Air Separator**

SOURCE INFORMATION

GDF Name and address

GDF Representative and title

GDF Phone No. _____

Date and Time of Last Fuel Drop to GDF:

P/O #: _____

Date of Last Calibration of Pressure
Measurement Device: _____

A/C#: _____

District Test Witness: _____

VACUUM TEST (Section 7.1 through 7.2.7)

Vacuum at start of test, inches water column (7.2.3) _____

Vacuum at one minute, inches water column _____

Vacuum at two minutes, inches water column _____

Vacuum at three minutes, inches water column _____

Vacuum at four minutes, inches water column _____

Final vacuum at five minutes, inches water column _____

Allowable minimum vacuum, inches water column (from Table 1) _____

POSITIVE PRESSURE TEST (Section 7.3 through 7.3.9)

Pressure at start of test, inches water column (7.3.6) _____

Pressure at one minute, inches water column _____

Pressure at two minutes, inches water column _____

Pressure at three minutes, inches water column _____

Pressure at four minutes, inches water column _____

Final pressure at five minutes, inches water column _____

Allowable final pressure, inches water column (7.3.9) 1.77

Test conducted by

Test company

Date of test
