

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