

PLANIT-SAFE™ TEST PROGRAM INFORMATION WORKSHEET

Please use a separate sheet for each foam system within this facility

Facility Name: _____ System Designation: _____

Foam Concentrate Type: _____% AFFF _____% AR-AFFF _____ Other

System Manufacturer: _____

Foam Concentrate Manufacturer & Product Designation/Name: _____

Type of Proportioning System: _____ In-Line Balanced Pressure (ILBP) or _____ Bladder Tank(s)

Number of Foam Tanks _____ Capacity of Foam Tanks _____ (Gallons)

Are isolation valves installed in each riser above (downstream) the test valve connections: _____

If Proportioning System has a Foam Pump

Foam Pump Port Sizes: _____ Inch Inlet _____ Inch Outlet Rating of Pump(s): _____ GPM @ _____ PSI

Name (Foam Riser Designation)	Riser Size (pipe dia.)	Size of Proportioner (pipe dia.)	Discharge Devices	Planit-Safe Connections Installed (Yes/No)	Size of Planit Safe Connections (pipe dia)	System Design Flow (GPM)	# of Test Valve Outlets	Size of Test Valve Outlets (hose thread)

Please provide photos of: System risers showing test outlet valves/connection Foam pump arrangement (if applicable)

Planit-Safe Test connection tie-ins at each riser Completed By: _____ Date: _____