



**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

*Regulatory Program Management - Industrialized Housing & Buildings Program*  
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**In-Plant Inspection – Monitoring Of System Testing**

**THIS FORM IS USED ONLY WHEN TESTS ARE WITNESSED**

A. Inspector Reg. #IHI- \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Manufacturer Reg. #IHM- \_\_\_\_\_

**B. Tests Observed**

UNIT ID NUMBER	TEST OBSERVED	PASS	FAIL	RETESTED (YES/NO)
	DIELECTRIC STRENGTH TEST: AC <input type="checkbox"/> or DC <input type="checkbox"/> Voltage: _____ Time: _____			
	CONTINUITY TEST			
	POLARITY			
	OPERATIONAL TEST			
	POTABLE WATER TEST: Water <input type="checkbox"/> or Air <input type="checkbox"/> Test Pressure: _____ psf			
	DRAIN, WASTE, AND VENT: Water <input type="checkbox"/> or Air <input type="checkbox"/> Test Pressure for Air: _____ psf			
	GAS SYSTEM (Indicate pressure): _____ psf			
	<b>CONCRETE TESTING:</b>			
	Slump Test (indicate required slump): _____ inches Slump observed: _____ inches			
	Compression Test: 7-day <input type="checkbox"/> ; 14-day <input type="checkbox"/> ; Other <input type="checkbox"/> - how many days? Required Strength: _____ psf Tested Strength: _____ psf			
	Cylinders taken (Were procedures for filling cylinders followed? Were cylinders taken at correct point of discharge of concrete?) Number of cylinders taken: _____			
	Other concrete tests required by the manufacturer's procedures. Describe test: _____			
	<b>OTHER REQUIRED TESTING (Describe test):</b>			