

Sanitary Sewer Mandrel Deflection Test _____ **Date** _____

Project Name	
Number	
Subdivision	
Contractor	

Foreman	_____
Tester	_____
Weather	_____
Inspection Firm	_____

PIPE: **Size** _____ **Class** _____

Type _____ Joint _____[illegible][illegible]

Sketch Area

Inspectors time	Hours:	Date:	Name:	Page	Of
Comments					