Leak Prevention Technology

For a clean and protected environment

Test protocol for tightness test of interstitial spaces

Description of the procedure:

1.) Create a vacuum in the interstitial space using an appropriate external vacuum pump. SGB recommends to reach a vacuum level of 500 or 600 mbar – provided that the interstitial space withstands this negative pressure. Please check before!

2.) Calculate the minimum test period in minutes by dividing the volume of the interstice in litres by 10.

Example : *5000 liters / 10 = 500 minutes test period*

3.) The vacuum level should not drop by more than 1 mbar within the calculated test period.

Note: Fluctuations in air pressure and temperature can have an impact on the vacuum level in the interstitial space. For that reason, the two measurements should ideally be taken at the same time of the day after 24 hours. As the test period is now several times longer, the vacuum drop may also be correspon-dingly greater.

Example: *Interstitial space volume: 2400 liters*
Calculated test duration: 240 minutes or 4 h
Drop of 1 mbar / 4 h corresponds to 6 mbar / 24 h
In this case, the acceptable vacuum drop in one day is 6 mbar.

Test protocol

Tank No.: ____________________ Chamber No.: ______________________

1.) Applied test pressure (recommended): ____________________ Time: ___________________

2.) Calculated minimum test period:
Volume of interstice in L _______________ /10 = _______________ minutes

3.) Please choose your applied test period:

☐ a) calculated _______________ mbar
(acceptable pressure drop 1 mbar)

alternatively

☐ b) 24 hours: _______________ mbar
(acceptable pressure drop in 24 hours = 24*60 / calculated test period)

4.) Pressure at the end of test period: ____________________ Time: ___________________

5.) Resulting pressure drop: _______________
(Resulting pressure drop = applied pressure at beginning - pressure at the end)

6.) Resulting pressure drop < acceptable pressure drop: ☐ Yes ☐ No

7.) Test passed: ☐ Yes ☐ No

Date: ____________________________

Company: ____________________________

Name: ____________________________ Signature: ____________________________