

DEVICE TEST FORM

DUE DATE:

Contact:
 Facility:
 Address:
 City:

OCWRC: Account #:

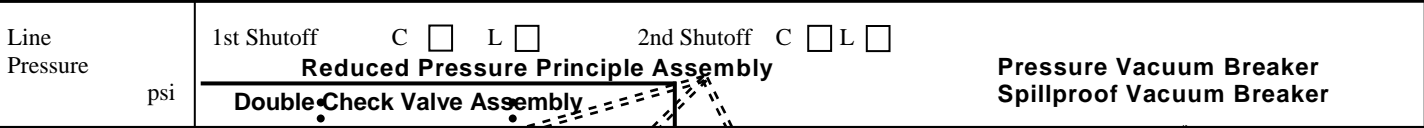
Date of Test: _____

Device/Manuf/Model/Size: _____

SECTION 1. Device Information

Protection:
 Location:

Serial #: _____



SECTION 2. First Test

1st Test	1st Check PSID	C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check PSID	C <input type="checkbox"/> L <input type="checkbox"/>	Relief PSID	O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet PSID	O <input type="checkbox"/> M <input type="checkbox"/>	Check PSID	C <input type="checkbox"/> L <input type="checkbox"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
			Confirm	<input type="text"/>						

Pass **Fail** If 1st test passed, go to Sec. 5, otherwise complete sections 3-6. ****NOTE: All failed tests are required to be submitted**

SECTION 3. Repairs

Repairs, if necessary

SECTION 4. Final Test

Final Test	1st Check PSID	C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check PSID	C <input type="checkbox"/> L <input type="checkbox"/>	Relief PSID	O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet PSID	O <input type="checkbox"/> M <input type="checkbox"/>	Check PSID	C <input type="checkbox"/> L <input type="checkbox"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
			Confirm	<input type="text"/>						

Pass **Fail**

Notes

SECTION 5. Certification

On this date the above device was tested per applicable codes and the required performance standards.

Tester Name: _____ Tester Certification #: _____

Testing Firm: _____ Testing Firm Phone #: _____

Testing Firm Address: _____

Tester Signature: _____ Date: _____

SECTION 6. Gauge

Make: _____ Model: _____

Serial #: _____ Date of last calibration: _____