

WRC DEVICE TEST FORM
FAX# 248-858-7939

DUE DATE: _____

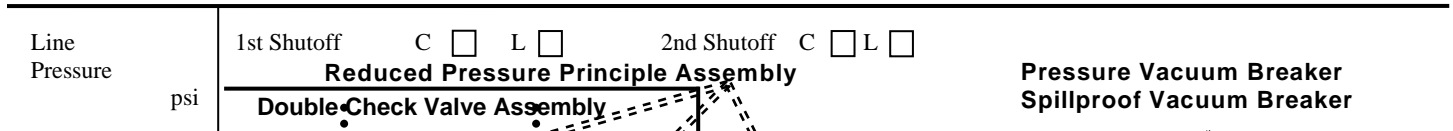
Contact Person: _____
 Facility Name: _____
 Address: _____
 City: _____

Date of Test: _____

SECTION 1. Device Information

Device Type / Model / Size: _____ **Serial #:** _____

Location: _____



SECTION 2. First Test

1st Test	1st Check PSID <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/>	2nd Check PSID <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/> Confirm <input style="width:100px; height:20px;" type="text"/>	Relief PSID <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/>	Air Inlet PSID <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/>
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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 <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/>	2nd Check PSID <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/> Confirm <input style="width:100px; height:20px;" type="text"/>	Relief PSID <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/>	Air Inlet PSID <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/> <input style="width:100px; height:20px;" type="text"/>
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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: _____