

Facility Name: _____

INITIAL Date and Time of Test: _____

Site address: _____

Site City: _____

FINAL Date and Time of Test (after repairs): _____

SECTION 1. DEVICE INFORMATION

TYPE	MFG	MODEL	SIZE	SERIAL #
HAZARD			LOCATION	

SECTION 2. INITIAL TEST

Supply Line Pressure PSI	1st Shutoff C <input type="checkbox"/> L <input type="checkbox"/>	2nd Shutoff C <input type="checkbox"/> L <input type="checkbox"/>	Pressure Vacuum Breaker or Spillproof Vacuum Breaker	
<input type="text"/>	Reduced Pressure Principle Assembly		Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check PSID C <input type="checkbox"/> L <input type="checkbox"/>	
	Double Check Valve Assembly			
INITIAL 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"/>	PSID <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pass Fail ****NOTE: ALL FAILED TESTS ARE REQUIRED TO BE SUBMITTED**

SECTION 3. REPAIRS AND OR COMMENTS

List reason for FAIL (if applicable) and any repairs made below:

SECTION 4. FINAL TEST (after repairs)

Supply Line Pressure PSI	1st Shutoff C <input type="checkbox"/> L <input type="checkbox"/>	2nd Shutoff C <input type="checkbox"/> L <input type="checkbox"/>	Pressure Vacuum Breaker or Spillproof Vacuum Breaker	
<input type="text"/>	Reduced Pressure Principle Assembly		Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> Check PSID C <input type="checkbox"/> L <input type="checkbox"/>	
	Double Check Valve Assembly			
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"/>	PSID <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pass Fail

SECTION 5. Certification

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

Tester Name: _____ Tester ASSE Certification #: _____ Expires: _____

Testing Firm: _____ Testing Firm E-mail address: _____

Testing Firm Mailing Address: _____

Testing Firm Phone #: _____ Testing Firm Fax #: _____

Tester Signature: _____ Date of Form Completion: _____

SECTION 6. Test Gauge

Make: _____ Model: _____ Serial #: _____

Date of Last Calibration: _____ *Test gauge calibration certificate supplied to WRC