

Facility Name:
Site address:
Site City:

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

SECTION 1. ASSEMBLY INFORMATION

TYPE	MAKE	MODEL	SIZE	SERIAL #
HAZARD TYPE		EQUIPMENT LOCATION		

SECTION 2. INITIAL TEST

Supply Line Pressure PSI

1st Shutoff C L 2nd Shutoff C

Reduced Pressure Principle Assembly
Double Check Valve Assembly

Pressure Vacuum Breaker or Spillproof Vacuum Breaker

1st Check C L 2nd Check C L Relief O M Air Inlet O M Check C L

INITIAL TEST PSID PSID PSID PSID

Initial Date of Test: _____ Time of Test: _____ Pass Fail

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 L 2nd Shutoff C L

Reduced Pressure Principle Assembly
Double Check Valve Assembly

Pressure Vacuum Breaker or Spillproof Vacuum Breaker

1st Check C L 2nd Check C L Relief O M Air Inlet O M Check C L

FINAL TEST PSID PSID PSID PSID

Final Date of Test: _____ Time of Test: _____ Pass Fail

SECTION 5. Certification On this date the above assembly 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 Date of Form Completion (after repairs): _____

Make: _____ Model: _____ Serial #: _____

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