

ACCOUNT INFORMATION

Test Date:

Tester Test Result:

Facility Name	
Contact Name	Meter Number
Email Address	Phone Number
Facility Address	

ASSEMBLY INFORMATION

Serial Number	Type	Mfr	Model	Size	Install Date	Device Status	Previous SN if known
Type of Use		Protection Type		Inlet Orientation		Outlet Orientation	Orientation Approved ☐ Yes ☐ No
Equip Location							

TESTING & MAINTENANCE

Line PSI:	Initial Test Results		Final Test Results	
	Tightness	Differential	Tightness	Differential
Check Valve #1 (RP, DC, PVB)	☐ Leak ☐ Tight		☐ Leak ☐ Tight	
Check Valve #2 (RP, DC)	☐ Leak ☐ Tight		☐ Leak ☐ Tight	
Relief Valve (RP)	☐ Opened Fully		☐ Opened Fully	
Air Inlet (PVB/SVB)	☐ Opened Fully		☐ Opened Fully	
Air Gap	☐ Visually Inspected ☐ Pass ☐ Fail			

Shutoff Valve #1:	☐ Tight ☐ Leaking	Backpressure:	☐ Yes ☐ No
Shutoff Valve #2:	☐ Tight ☐ Leaking	Test Procedure:	☐ ABPA ☐ ASSE

REPAIR DETAIL

Check Valve #1 (RP, DC, PVB)	☐ Cleaned	Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ Other
Check Valve #2 (RP,DC)	☐ Cleaned	Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ Other
Relief Valve (RP)	☐ Cleaned	Replaced: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ O-Ring(s) ☐ Module ☐ Rubber Kit ☐ Other
Air Inlet (PVB/SVB)	☐ Cleaned	Replaced: ☐ Disc ☐ Spring ☐ Float ☐ Diaphragm
Shutoff Valve #1	☐ Cleaned ☐ Replaced ☐ Repaired ☐ Other	Shutoff Valve #2 ☐ Cleaned ☐ Replaced ☐ Repaired ☐ Other

General Testing Comments

TEST KIT INFORMATION

Manufacturer	Model	Serial Number	Calibration Date
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TESTER INFORMATION

Tester Name	Company Phone Number	Email
Company		Certification Number

☐ Tester certifies this assembly has been tested with the above listed procedure and verifies the isolation valves were returned to pre-test orientation.