

File Number: _____
 Address: _____
 Device # _____
 Location: _____

Company: _____
 Owner: _____
 Address: _____

Manufacturer: _____ Model Number: _____ Serial Number: _____

Device Type: _____ Device Size: _____ New Installation? yes no

Supply Pressure: _____ lbs Air Gap (2x Supply Diam) Supply: _____ in. Gap: _____ in. Pass Fail N/A

Height off Floor: _____ In./Ft. Freezing Protection? yes no Flooding Protection? yes no

Gauge Calibration Date: _____

Tests	Step	Component	Test	Requirement	Initial Test	Final Test
Reduced Pressure Assembly	1:	Check Valve 1	Confirmed Pressure Drop	5.0 PSID min		
	2:	Relief Valve	Opening Pressure	2.0 PSID min		
	3:	Check Valve 2	Differential Pressure in Direction of Flow	1.0 PSID min		
	4:	Check Valve 2	Held Against Backpressure (optional)	Yes/No		
	5:	Difference	(_____ Check -- Relief)	3.0 PSID min		
Double Check Valve Assembly	1:	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2:	Check Valve 1	Held Against Backpressure (optional)	Yes/No		
	3:	Check Valve 2	Differential Pressure in Direction of Flow	1.0 PSID min		
	4:	Check Valve 2	Held Against Backpressure (optional)	Yes/No		
Pressure Vacuum Breaker	1:	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2:	Check Valve	Closes Tight in Direction of Flow	1.0 PSID min		
Anti-Spill Vacuum Breaker	1:	Check Valve	Differential Pressure Across Check	1.0 PSID min		
	2:	Air Inlet	Air Inlet Start to Open at	1.0 PSID min		
	3:	Air Inlet	Fully Open When Supply at Atmospheric Pressure	Yes/No		

Comments:

Repair History:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE.

Owner or Representative Signature: _____ Date: _____

Tested By (print name): _____ Tester #: _____

Tester Signature: _____ Date: _____