

Account No. :

Premise No.

**LOCATION INFORMATION**

Service For:

**DEVICE INFORMATION**

Type of Assembly:

Address 1:

Serial :

Size :

Address 2:

MFG/Model No:

Type of Service: Domestic  Fire  Irrigation

Water Meter No:

Location of Device:

Isolation

Containment

New Assembly  Replaces Serial No: \_\_\_\_\_

**TEST MEASUREMENTS**

	<b>DC</b>		<b>RP</b>	<b>PVB/SVB</b>
	Check Valve #1	Check Valve #2	Pressure Diff. Relief Valve	Air Inlet
<b>Initial</b>				
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
Time: _____	PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID	Did Not Open <input type="checkbox"/>
Line pressure: _____	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Check Valve Held _____ PSID
<b>Final</b>				
Date: _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
Time: _____	PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID	Did Not Open <input type="checkbox"/>
Line pressure: _____	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Check Valve Held _____ PSID
<b>AIR GAP</b>	<b>Measured vertical inches above overflow rim</b>		<b>Supply size diameter</b>	

**COMMENTS (including maintenance performed)**

**TESTER INFORMATION**

<b>INITIAL</b>	Tester Name _____	Company _____
	Phone # _____	Email Address _____
	Signature _____	Certified Tester No.: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____
<b>FINAL</b>	Tester Name _____	Company _____
	Phone # _____	Email Address _____
	Signature _____	Certified Tester No.: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____