



DEVICE ID NUMBER: _____
 WATER PURVEYOR: _____
 WATER METER #: _____
 PURPOSE: METER IRRIGATION FIRE OTHER
 ASSEMBLY LOCATION: _____
 FOR DETECTOR ASSEMBLY PAIRED WITH SERIAL # _____

ASSEMBLY INFORMATION		
MFG: _____	MODEL: _____	SIZE: _____
TYPE: _____		SERIAL NO: _____
<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	<input type="checkbox"/> REPLACEMENT
REPLACEMENT SERIAL #: _____		

FACILITY	FACILITY ID: _____	CONTACT: _____
	BUSINESS NAME: _____	PHONE: _____
	SITE ADDRESS: _____	
OWNER / MGMT	OWNER / CONTACT NAME (ATTN): _____	
	MANAGEMENT NAME (C/O): _____	
	MAIL ADDRESS: _____	

	TEST RESULTS INFORMATION				
	DOUBLE CHECK VALVE ASSEMBLY		REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER
	CHECK VALVE NO.1	CHECK VALVE NO.2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST DATE	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
PASS FAIL <input type="checkbox"/>					
REPAIR	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) SPRING <input type="checkbox"/> 4) GUIDE <input type="checkbox"/> 5) SEAT <input type="checkbox"/> 6) MODULE <input type="checkbox"/> 7) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) EXERCISED <input type="checkbox"/> 3) DISC(S) <input type="checkbox"/> 4) SPRING <input type="checkbox"/> 5) DIAPHRAGM(S) <input type="checkbox"/> 6) SEAT(S) <input type="checkbox"/> 7) O-RING(S) <input type="checkbox"/> 8) MODULE <input type="checkbox"/> 9) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) DIAPHRAGM <input type="checkbox"/> 4) FLOAT <input type="checkbox"/> 5) OTHER <input type="checkbox"/>	1) CLEANED <input type="checkbox"/> 2) DISC <input type="checkbox"/> 3) MODULE <input type="checkbox"/> 4) OTHER <input type="checkbox"/>
FINAL TEST DATE	HELD AT: _____ PSID LEAKED <input type="checkbox"/>	HELD AT: _____ PSID CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	HELD AT: _____ PSID LEAKED <input type="checkbox"/>
PASS FAIL <input type="checkbox"/>					

COMMENTS: _____

The above certified to be true at the time of testing:

Proper Installation YES NO

Tester Name: _____

Company Name: _____

Certification No: _____

Address: _____

Signature: _____

Phone No: _____