

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  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

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