



Assembly Test Report Form

Business Name:	
Phone #:	
Service Address:	
Account #:	
Service Order #:	
Meter #:	
Location of Meter:	
Group #:	
Line Pressure:	

Test Date:	
Device Type	
Device Mfg:	
Device Model:	
Device Size:	
Device Serial #:	
Location of Assy:	
Back Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reduced Pressure Principal Assembly		
Double Check Valve Assembly		Differential Pressure Relief Valve
Check Valve #1	Check Valve #2	
Initial Held at _____ PSID Closed Tight: <input type="checkbox"/> Leaked: <input type="checkbox"/>	Initial Held at _____ PSID Closed Tight: <input type="checkbox"/> Leaked: <input type="checkbox"/>	Initial Opened at _____ PSID Did Not Open: <input type="checkbox"/>
Repairs Cleaned: <input type="checkbox"/> Replaced Rubber Kit: <input type="checkbox"/> Other: <input type="checkbox"/>	Repairs Cleaned: <input type="checkbox"/> Replaced Rubber Kit: <input type="checkbox"/> Other: <input type="checkbox"/>	Repairs Cleaned: <input type="checkbox"/> Cleaned Sensing Lines: <input type="checkbox"/> Replaced Rubber Kit: <input type="checkbox"/> Other: <input type="checkbox"/>
Final Tight: <input type="checkbox"/> Held at _____ PSID	Final Tight: <input type="checkbox"/> Held at _____ PSID	Final Opened at _____ PSID

Pressure Vacuum Breaker Assembly
Air Inlet Opened at _____ PSID Did Not Open: <input type="checkbox"/>
Check Valve Held at _____ PSID Leaked: <input type="checkbox"/>
Repairs Cleaned: <input type="checkbox"/> Replaced Rubber Kit: <input type="checkbox"/> Other: <input type="checkbox"/>
Final Inlet opened at _____ PSID Valve Held at _____ PSID

Apparent _____ PSID	Actual _____ PSID
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_____	_____	_____	_____	_____
Tested by (Name)	Date	Pass or Fail	Tester #	Test Kit #

_____	_____	_____	_____	_____
Repaired/Tested by (Name)	Date	Pass or Fail	Tester #	Test Kit #

I certify the above report is true:

_____	_____
Signature	Company Name
_____	_____
Print Name	Address
_____	_____
	Telephone Number