

NAME OF PREMISES: _____

STREET ADDRESS: _____

LOCATION OF DEVICE: _____

Manufacturer: _____ Model: _____

Size: _____ Serial: _____

RP DC PVB AVB AG

PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSI

	CHECK VALVE #1		CHECK VALVE #2		DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER	
INITIAL TEST	1. LEAKED	<input type="checkbox"/>	1. LEAKED	<input type="checkbox"/>	OPENED AT ____ LBS DID NOT OPEN	<input type="checkbox"/>	AIR INLET	<input type="checkbox"/>
	2. CLOSED TIGHT	<input type="checkbox"/>	2. CLOSED TIGHT	<input type="checkbox"/>			OPENED AT ____ LBS DID NOT OPEN	
REPAIRS	CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>	CHECK VALVE ____ PSI	<input type="checkbox"/>
	REPLACED: RUBBER PARTS KIT	<input type="checkbox"/>	REPLACED: RUBBER PARTS KIT	<input type="checkbox"/>	REPLACED: RUBBER PARTS KIT	<input type="checkbox"/>	LEAKED	<input type="checkbox"/>
	C.V. ASSEMBLY OR	<input type="checkbox"/>	C.V. ASSEMBLY OR	<input type="checkbox"/>	R.V. ASSEMBLY OR	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>
	DISC	<input type="checkbox"/>	DISC	<input type="checkbox"/>	DISC	<input type="checkbox"/>	REPLACED:	<input type="checkbox"/>
	O-RINGS	<input type="checkbox"/>	O-RINGS	<input type="checkbox"/>	DIAPHRAGM	<input type="checkbox"/>	C.V ASSEMBLY	<input type="checkbox"/>
	SEAT	<input type="checkbox"/>	SEAT	<input type="checkbox"/>	SEAT	<input type="checkbox"/>	DISC AIR INLET	<input type="checkbox"/>
	STEM/GUIDE	<input type="checkbox"/>	STEM/GUIDE	<input type="checkbox"/>	SPRING	<input type="checkbox"/>	DISC C.V	<input type="checkbox"/>
	RETAINER	<input type="checkbox"/>	RETAINER	<input type="checkbox"/>	GUIDE	<input type="checkbox"/>	SPRING	<input type="checkbox"/>
	LOCK NUTS	<input type="checkbox"/>	LOCK NUTS	<input type="checkbox"/>	O-RINGS	<input type="checkbox"/>	GUIDE	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	O-RING	<input type="checkbox"/>
FINAL TEST	CLOSED TIGHT	<input type="checkbox"/>	CLOSED TIGHT	<input type="checkbox"/>	OPEN AT _____ LBS REDUCED PRESSURE	<input type="checkbox"/>	SATISFACTORY	<input type="checkbox"/>

NOTE: ALL REPAIR/REPLACEMENT SHALL BE COMPLETED WITHING TEN (10) DAYS

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT.

CERTIFIED TESTING COMPANY _____

INITIAL TEST BY _____ CERTIFIED TESTER NO. □□□□

DATE ____ / ____ / ____
MO DAY YR

REPAIRED BY _____ DATE _____

FINAL TEST BY _____ CERTIFIED TESTER NO. □□□□

DATE ____ / ____ / ____
MO DAY YR