



Building Department

LOCATION ID # _____

PERMIT # _____

DATE OF TEST _____

NAME OF PREMISE _____

MANUFACTURER _____

SERIAL # _____

METER # _____

MODEL # _____

SIZE _____

STREET ADDRESS _____

LOCATION OF DEVICE _____

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM
Leaked <input type="radio"/> Closed Tight <input type="radio"/> Diff. Pressure across check valve _____psi	Opened at ___psi Did not open <input type="radio"/>	Leaked <input type="radio"/> Closed Tight <input type="radio"/> Diff. Pressure across check valve _____psi	Air inlet opened <input type="radio"/> at ___ lbs. <input type="radio"/> Did not Open <input type="radio"/> Check valve leaked held at ____
Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc <input type="radio"/> O-Rings <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Stem / Guide <input type="radio"/> Retainer <input type="radio"/> Lock Nuts <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> RV Assembly <input type="radio"/> or Disc <input type="radio"/> Diaphragm(s) <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Guide <input type="radio"/> O-Rings <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc <input type="radio"/> O-Rings <input type="radio"/> Seal <input type="radio"/> Spring <input type="radio"/> Stem / Guide <input type="radio"/> Retainer <input type="radio"/> Lock Nuts <input type="radio"/> Other <input type="radio"/>	Cleaned Only <input type="radio"/> Replaced: Rubber Kit <input type="radio"/> CV Assembly <input type="radio"/> or Disc, <input type="radio"/> Air Assembly <input type="radio"/> Disc, CV <input type="radio"/> Spring <input type="radio"/> Retainer <input type="radio"/> Guide <input type="radio"/> O-Rings <input type="radio"/> Other <input type="radio"/>
Diff. Pressure across check valve _____psi	Opened at ___psi	Diff. Pressure across check valve _____psi	Air inlet _____ Check Valve ____

NOTE: All repairs / replacements shall be completed within 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: _____

Test Equipment Used _____

Passed _____

Failed - Repair Needed _____

Exp. Date _____

Initial Test By _____

Date Repaired _____

Final Test By _____

Certified Tester No. _____

Signature _____