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| Water Purveyor | | | Water Meter No. | | Permit No./Account No. |
| Type | Manufacturer | | Size | Model No. | Serial No. |
| Facility/Owner | | | Contact | | Phone |
| Address | | | | Email | |
| Owner Representative | | | Person to Contact | | Phone |
| Representative Address | | | Assembly Address | | |
| On Site Location of Assembly | | | | Primary Business/Service at this location | |
| Line Pressure | Protection Type | Service Type | This installation is | | Old Serial No. |
| Single Check OR Double Check OR Reduced Pressure Principle Valve Assembly | | | | | Pressure Vacuum Breaker |
| | Check Valve #1 | Check Valve #2 | Differential Pressure Relief Valve | Air Inlet Opened at _____ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> Did Not Open | |
| Initial Test if Failed | <input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked | <input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked | Pressure Relief Opened _____ <input type="checkbox"/> Did Not Open | Check held at _____ PSID <input type="checkbox"/> Leaked | |
| Repairs | <input type="checkbox"/> Cleaned <input type="checkbox"/> Check Disc <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other | <input type="checkbox"/> Cleaned <input type="checkbox"/> Check Disc <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other | <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other | <input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other | |
| Shutoff Valve | | | | | Back Pressure |
| Passing Test Values | <input type="checkbox"/> Closed Tight _____ PSID | <input type="checkbox"/> Closed Tight _____ PSID | Pressure Relief Opened _____ PSID | Air Inlet Open _____ PSID Check Valve _____ PSID | |

This report is Certified to be true.

| | | | |
|-------------|----------------------|---------------|-----------------|
| Failed By | Certified Tester No. | Date Failed | Test Kit Serial |
| Repaired By | Certified Tester No. | Date Repaired | Test Kit Serial |
| Passed By | Certified Tester No. | Date Passed | Test Kit Serial |

Comments: