

**Mailing Address**

Size, Manufacture, Model #, Assembly Type:

Account #:

Site Use:

Test Due:

Serial #:

Protection:

Meter ID:

Address:

Company:

Contact:

Hazard:

Location:

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> *DCDA* <input type="checkbox"/> DC <input type="checkbox"/> *RPDA* <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>			
Double Check Valve Assembly				PVB/SVB Meter Read: _____ gal AIR INLET			
Check Valve #1	Check Valve #2	Relief Valve					
Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>			
Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>AIR INLET</b> Opened at _____ PSID				
<b>Initial Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID			
<b>Comments</b>				Line Pressure _____ Meter Reading _____ Held Backpressure _____ #2 Shutoff _____ Relief Valve Exercised _____			
The above report is certified to be true.							
	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>