



Assembly Test Report Form

1920 North Iris Lane, Escondido, CA 92026 Phone: 760-745-5522 FAX 760-745-4235

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 Assembly
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:	
	Company Name
	Address
	Telephone Number

Print Name