



NAME OF PREMISES: _____

STREET ADDRESS: _____

LOCATION OF ASSEMBLY: _____

ASSEMBLY: _____
Manufacturer (make) Model Serial No. Size

TYPE OF ASSEMBLY: RPB DCV PVB RPDA DCVA AG

LINE PRESSURE AT TIME OF TEST: _____ psi

	REDUCE PRESSURE ASSEMBLIES				PRESSURE VACUUM BREAKER	
	DOUBLE CHECK ASSEMBLIES		RELIEF VALVE (B)	BUFFER A – B (C)	AIR INLET	CHECK VALVE
	1 ST CHECK (A)	2 ND CHECK			Opened At _____ psi	Pressure Drop _____ psi
INITIAL TEST	DC-Closed Tight <input type="checkbox"/> _____ psi RP pressure drop LEAKED <input type="checkbox"/>	DC-Closed Tight <input type="checkbox"/> _____ psi RP pressure drop LEAKED <input type="checkbox"/>	Opened At _____ psi Passed <input type="checkbox"/> Failed <input type="checkbox"/>	_____ psi Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Opened Fully <input type="checkbox"/>	LEAKED <input type="checkbox"/>
TEST AFTER REPAIR	DC-Closed Tight <input type="checkbox"/> _____ psi RP pressure drop	DC-Closed Tight <input type="checkbox"/> _____ psi RP pressure drop	Opened At _____ psi	_____ psi	Opened At _____ psi	Pressure Drop _____ psi

AIR GAP INSPECTION: REQUIRED MINIMUM AIR GAP SEPARATION PROVIDED: YES NO

INITIAL TEST PERFORMED BY _____
NAME CERTIFICATION NO. DATE (DD/MM/YY)

BUSINESS NAME

BUSINESS PHONE

BUSINESS ADDRESS

POSTAL CODE