

# Water Use Protection Test Report

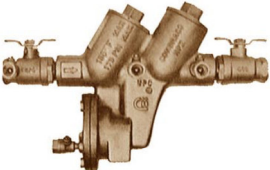
<b>Facility</b>	BUSINESS NAME				FACILITY ID	
Address:	WATER ACCT	METER NO.	CODE	CONTACT		TITLE
				PHONE	EXT	
				FAX		

<b>Water Use</b>	TAP NUMBER	MAP PAGE	FLOOR	ROOM	ROOM TYPE	METER NUMBER
	Location:					
	Description:					
	Hazard:	Type:				
	Water Use Notes:				Back Pressure:	
					Continuous Pressure:	

<b>Protection</b>	DEVICE ID	TYPE			USE
	0				
	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	

Tests	STEP	COMPONENT	TEST	REQUIREMENT	INITIAL TEST	FINAL TEST
<b>REDUCED PRESSURE</b>	1:	Check Valve 1	Apparent Pressure Drop			
	2:	Relief Valve	Opening Pressure	2.0 PSID min		
	3:	Check Valve 2	Held against Backpressure (yes/no)	yes		
	4:	Check Valve1	Confirmed Pressure Drop	5.0 PSID min		
	5:	Buffer	Confirmed Pressure - Relief Valve Pressure	3.0 PSID pref.		
<b>DOUBLE CHECK VALVE</b>	1:	Check Valve 1	Differential Pressure in direction of flow	1.0 PSID min		
	2:	Check Valve 2	Differential Pressure in direction of flow	1.0 PSID min		
<b>PRESSURE VACUUM BREAKER</b>	1:	Air Inlet Valve	Opening Differential	1.0 PSID min		
	2:	Check Valve	Closes tight in direction of flow	1.0 PSID min		

<b>Notes &amp; Repairs</b>	Line Pressure: _____

	<b>Tester's Certification</b>	
	PRINT NAME	DATE OF TEST
	SIGNATURE	TESTER #
		TEST KIT #