

Manufacturer

Model

Size

Serial Number

RP

Service Number:

Location:

DC

Service Name/Address

Owner Name/Address:

PVB

SVB

Detector Assembly: Water Meter Reading: Before Test _____ After Test _____

DCDA

RPDA

DCDA-II

RPDA-II

Reduced Pressure Principle Assembly

Double Check Valve Assembly

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Air Inlet Opened at _____ PSID
	_____ PSID	_____ PSID	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/> Opened Fully? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Check Valve Held at _____ PSID Leaked <input type="checkbox"/>
Repairs: Details	<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"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____
	Final Test	_____ PSID	_____ PSID	Opened at _____ PSID
			Closed Tight <input type="checkbox"/>	
Comments: _____				Check Valve Held at _____ PSID
Initial Test	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
	Test by (Signature) _____ Print Name _____			
Repair	Date _____ Time _____ Certified Tester No. _____			
	Test by (Signature) _____ Print Name _____			
Final Test	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
	Test by (Signature) _____ Print Name _____			

Onsite Contact Acknowledged _____

Signature