

FORM MUST BE COMPLETED IN ITS ENTIRETY AND BE REMITTED WITHIN 10 DAYS OF INSTALLATION

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SVB SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____

INSTALLED TO SPECS: _____ RISER MATERIAL/CLEARANCE: _____ INCHES

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	opened at: _____ psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi
gauge pressure across check valve _____ psi	Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	gauge pressure across check valve _____ psi	Check Valve: leaked <input type="checkbox"/> or held at _____ psi
<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> or disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disk, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
Gauge pressure across check valve _____ psi	Relief valve opened at _____ psi	Gauge pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within TEN (10) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. No: _____ DATE: _____

REPAIRED BY: _____ TIME: _____

ASSEMBLY INSTALLED BY: _____ ADDRESS: _____

TELEPHONE NO. _____

This Assembly: PASSED FAILED

