Customer and Property Information ~ Please Print

Property Address: _____   ZipCode: _____

Customer Name: _____   Contact Person: _____

Contact Address: _____   Contact Phone #: _____
(If different)

Device Information ~ Please Print

Installation Type: ☐ NEW ☐ EXISTING ☐ REMOVED ☐ REPLACEMENT (SERIAL # REMOVED:_____)

Assembly Type: ☐ AIR GAP ☐ RP ☐ RPDA ☐ DC ☐ DCDA ☐ PVB ☐ Other: _____

Assembly Make: _____ Model: _____ Size: _____ Serial #: _____

HAZARD being contained or isolated? (i.e., boiler, irrigation, sprinkler,complete building): _____

Assembly Location: _____

	Double Check Assembly			Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	_____ psid	Pass ☐ Fail ☐	1st Check Valve	_____ psid	Pass ☐ Fail ☐	Air Inlet Valve	_____ psig	Pass ☐ Fail ☐
	1st Check Valve	_____ psid	Pass ☐ Fail ☐	Relief Valve Opening Point	_____ psid	Pass ☐ Fail ☐	Check Valve	_____ psig	Pass ☐ Fail ☐
	2nd Check Valve	_____ psid	Pass ☐ Fail ☐	2nd Check Valve	_____ psid	Pass ☐ Fail ☐			
				Outlet Valve	Pass ☐	Fail ☐			
Repair Materials Used									
Re-test after Repair	Outlet Valve	_____ psid	Pass ☐ Fail ☐	1st Check Valve	_____ psid	Pass ☐ Fail ☐	Air Inlet Valve	_____ psig	Pass ☐ Fail ☐
	1st Check Valve	_____ psid	Pass ☐ Fail ☐	Relief Valve Opening Point	_____ psid	Pass ☐ Fail ☐	Check Valve	_____ psig	Pass ☐ Fail ☐
	2nd Check Valve	_____ psid	Pass ☐ Fail ☐	2nd Check Valve	_____ psid	Pass ☐ Fail ☐	AIR GAP INSPECTION: Required Air Gap Separation Provided		
				Outlet Valve	Pass ☐	Fail ☐	Yes: ☐ No: ☐		

Does the installation meet District code requirements?: Yes: ☐   No: ☐

Is the consumer private water system disconnected from municipal water supply?: Yes: ☐   No: ☐   N/A: ☐

Assembly Passed: ☐   Failed: ☐   ***NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 10 DAYS***

COMMENTS: _____

Certified Tester Information ~ Please Print

I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (Printed): _____ License #: _____ Expires: _____

Tester's Equipment: Make: _____ Model: _____ Serial #: _____ Calibration Date: _____

Tester's Company Name: _____ Phone #: _____

Tester's Signature: _____ Test Date: _____