



EASTON SUBURBAN WATER AUTHORITY

Reduced Pressure Principle Backflow Preventer Assembly ASSE Standard 1013 Field Test Report



Name of Property _____

Address _____

City _____ State _____ Zip _____

Manufacturer of Device _____ Model Number _____

Serial Number _____ Size of Device _____

Location of Assembly and Equipment or System Application _____

Test Equipment

Manufacturer _____ Model Number _____

Serial Number _____ Calibration Date _____

Test Date _____ Test Time _____ Static Line Pressure _____

	Check Valve #2	Shut-off Valve #2	Check Valve #1	Pressure Differential Relief Valve
INITIAL TEST	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid
Describe Parts and Repairs When Needed				
FINAL TEST	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid	Opened at _____ psid

Certified Tester (print) _____

Company Name _____ Phone # _____

Certification # _____

ASSEMBLY FINAL TEST PERFORMANCE

PASS
FAIL

Signature _____ Date _____

Comments or Recommendations (attach additional sheet to report if needed):

