



EASTON SUBURBAN WATER AUTHORITY

Double Check Valve Backflow Preventer Assembly ASSE Standard 1015 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 #1	Check Valve #2	Shut-off #2
INITIAL TEST	Leaking () Closed Tight () Pressure Drop Across Check Valve #1 _____ psid	Leaking () Closed Tight () Pressure Drop Across Check Valve #2 _____ psid	Leaking () Closed Tight ()
Describe Parts and Repairs When Needed			
FINAL TEST	Leaking () Closed Tight ()	Leaking () Closed Tight ()	Leaking () Closed Tight ()

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):

