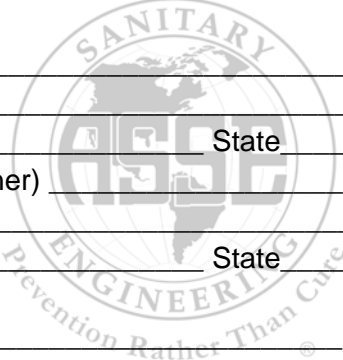


# American Society of Sanitary Engineering

## Reduced Pressure Principle Backflow Preventer (RP)

### ASSE Standard #1013 Field Test Report



Owner of Property \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupant of Property (if different from owner) \_\_\_\_\_

Occupant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Manufacturer of Device: \_\_\_\_\_ Model #: \_\_\_\_\_

Size of Device: \_\_\_\_\_ Serial #: \_\_\_\_\_

Location of Assembly and Equipment or System Application: \_\_\_\_\_

**Test Equipment:**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Date test was performed: \_\_\_\_\_ Time test was performed: \_\_\_\_\_ Static Line Pressure: \_\_\_\_\_

	Check Valve #2	Shutoff 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) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

License #: \_\_\_\_\_ Certification # \_\_\_\_\_

**Assembly Final Test Performance**

Pass

Fail

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments or Recommendations (continue to other side, if needed): \_\_\_\_\_

\_\_\_\_\_