



American Society of Sanitary Engineering
 Double Check Backflow Prevention Assembly (DC)
 ASSE Standard #1015 Field Test Report

Owner of Property: _____

Address: _____

City : _____ State: _____ Zip: _____

Occupant of Property (if different from owner): _____

Address: _____

City : _____ State: _____ Zip: _____

Manufacturer of Device: _____ Model #: _____

Size of Device: _____

Location of Assembly and Equipment or System Application: _____

Test Equipment:

Manufacturer: _____ Model #: _____ Serial #: _____ Calibration Date: _____

Date Test Performed: _____ Time Test Performed: _____ Static Line Pressure: _____

	Check Valve #1	Check Valve #2	Shutoff Valve #2
Initial Test	Leaking () psid _____ Closed Tight ()	Leaking () psid _____ Closed Tight ()	Leaking () Closed Tight ()
Describe parts and repairs when needed			
Final Test	Leaking () psid _____ Closed Tight ()	Leaking () psid _____ Closed Tight ()	Leaking () Closed Tight ()

Certified Tester (print): _____

Address: _____

City : _____ State: _____ Zip: _____

Phone #: _____

License #: _____ Certification #: _____

Signature: _____ Date: _____

Assembly Final Test
Performance

PASS

FAIL

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