



American Society of Sanitary Engineering
 Reduced Pressure Principle Backflow Preventer (RP)
 ASSE Standard #1013 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 #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 #: _____

Signature: _____ Date: _____

Assembly Final Test Performance

PASS

FAIL

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