

TEST AND MAINTENANCE REPORT

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: **RP** **DC** **PVB** **SVB** SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____

GAUGE MANUF _____ SERIAL # _____ DATE CALIBRATED: _____

Check Valve #1	Relief Valve	Check Valve #2	PVB or SVB
<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	opened at: _____ psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi
differential pressure across check valve _____ psi	Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	OPTIONAL TEST differential pressure across check valve _____ psi	Check Valve: leaked <input type="checkbox"/> or held at _____ psi
Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> CV cleaned only	Replaced: RV rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> Seat kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> RV cleaned only For DCVA only: Inlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight Outlet shut-off valve: <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	Replaced: Rubber parts kit <input type="checkbox"/> CV assembly kit <input type="checkbox"/> Seat kit <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> CV cleaned only	Replaced: Rubber parts kit <input type="checkbox"/> CV assembly <input type="checkbox"/> Air inlet valve <input type="checkbox"/> Other <input type="checkbox"/> _____ or <input type="checkbox"/> Cleaned only
differential pressure across check valve _____ psi	Relief valve opened at _____ psi	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. No: _____ DATE: _____

RE-CERT Due Date: _____ TIME: _____

This Assembly: PASSED FAILED