

**American Society of Sanitary Engineering
Seal (Certification) Program**

**Factory Audit Inspection Test for:
Barrier Type Floor Drain Trap Seal Protection Devices**

**Tested under ASSE Standard 1072 • Revised: 2007
Factory Audit Inspection Test**

Manufacturer: _____

Model No: _____

Address: _____

Serial No: _____

Other Identification Markings: _____

Size: _____

Connections (screwed, flanged, etc.): _____

3.2 Evaporation Test

Initial weight of vessel A with 2.0 inches of water: _____ lbs.

Initial weight of vessel B with 2.0 inches of water and the fouling wire: _____ lbs.

Initial weight of vessel C with 2.0 inches of water: _____ lbs.

Was the temperature and humidity of the test environment maintained at 100.0°F ± 5.0°F (37°C ± 2.8°C) and 20% (±10%) relative humidity throughout the test?

- Yes
 No

The test period was for _____ hours

Final weight of Vessel A: _____ lbs

Final weight of Vessel B: _____ lbs

Final weight of Vessel C: _____ lbs

Was the weight loss in vessel B greater than 10% of the weight loss of cylinder A?

- Yes
 No

Was the weight loss in vessel C greater than 0.01 pounds?

- Yes
 No

In compliance?

- Yes
 No

3.4 Opening Test

How many ounces of water did it take to open the device and allow passage of water?
_____ ounces

3.9 Physical Test of Membrane Material

Was the device tested to and in compliance with the following ASTM test methods:

- | | | |
|---|------------------------------|-----------------------------|
| D1149 for ozone resistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D471 for water absorption? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D543 for chemical reagents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G53 for weather-o-meter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D624 for split tear? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D2137 method A for non-brittle brittleness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

TESTING AGENCY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

Signature of the official of the agency: _____

Title of the official: _____ Date: _____

Signature and seal of the Registered Professional Engineer supervising the laboratory evaluation:

Signature



Seal