

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

**Laboratory Evaluation Report for:
Dual Check Valve Type Backflow Preventers for Carbonated Beverage
Dispensers – Post Mix Type**

**Tested under ASSE Standard 1032 • Revised: 2004
Laboratory File Number _____**

Manufacturer _____

Model No. _____

Address _____

Serial No. _____

Other Identification Markings _____

Size _____

Connections (screwed, flanged, etc.) _____

General information and instructions for the testing engineer:

Within the text there may be items which are only advisory to conditions which experience indicates could be troublesome. It is not for evaluation related to acceptance of the product.

There may be other items for which the judgment of the test engineer will be involved. Should there be a question of compliance with that provision of the standard, a conference with the manufacturer should be arranged to enable a satisfactory solution of the question.

Should disagreement persist and compliance remain in question by the test agency, the agency shall, if the product is in compliance with all other requirements of the standard, file a complete report on the questionable items together with the test report, for evaluation by the ASSE Seal Control Board. The Seal Control Board will then review and rule on the question of compliance with the intent of the standard item involved.

Documentation of material compliance must be furnished by the manufacturer. He shall furnish to the testing agency, a bill of material which clearly identifies the material of each part included in the product construction. This identification must include any standards which relate thereto.

Product Name _____

Model Number _____ Size(s) _____

Date Submitted for Review _____ Date Review Complete _____

Were the test units production models Yes No
Or prototypes? Yes No

Number of devices submitted to the laboratory for evaluation? _____

Number of devices used during the laboratory evaluation? _____

Section I

1.0 General

1.1 Application

Is this a dual check backflow preventer for carbonated beverage dispensers - post mix type?
 Yes
 No

1.2 Scope

1.2.1 Description

Does this device conform to the product described in the Standard?
 Yes
 No

If no, explain: _____

Does this device have a check valve installed downstream of the independently acting check valves?
 Yes
 No

1.2.2 Size: _____ in. (_____ mm) Inlet: _____ in. (_____ mm) Outlet: _____ in. (_____ mm)

1.2.3 Working Pressure as indicated by manufacturer: _____ psi (_____ kPa)
In compliance?
 Yes
 No
 Questionable

If questionable, explain: _____

1.2.4 Maximum temperature or temperature range as indicated by manufacturer:
_____ °F or from _____ °F to _____ °F (_____ °C or from _____ °C to _____ °C)

1.3 Limitation on Design

1.3.1 Flow Capacity

Is the design and construction such that it is in reasonable compliance with the intent of this subsection?
 Yes
 No
 Questionable

If questionable, explain: _____

1.3.2 Structural Strength

Is it judged to be in full compliance with the intent of this subsection?

- Yes
- No
- Questionable

If questionable, explain: _____

1.3.3 Mechanical Function

1.3.3.1 Threaded Connection

Is the female threaded connection constructed in such a manner as to prevent pipe penetration from restricting the flow to the device or interfere with the working parts?

- Yes
- No
- Questionable

If questionable, explain: _____

In compliance?

- Yes
- No

1.3.3.2 Repairability

a. Are the internal parts of the device accessible for inspection, repair or replacement?

- Yes
- No

b. Are replacement parts of the assembly of the same size and model interchangeable with the original parts?

- Yes
- No

In compliance?

- Yes
- No

Section II

2.0 Test Specimens

2.1 How many devices of each model and size were submitted by the manufacturer to the testing agency?

2.2 How many devices were utilized for full testing by the Laboratory? _____

2.3 Were assembly and installation drawings and other data that was needed to enable a testing agency to determine compliance with the standard submitted?

- Yes
- No

Were these reviewed by the laboratory personnel performing the tests?

- Yes
- No

Section III

3.0 Performance Requirements and Compliance Testing

3.1 Hydrostatic Test of Complete Device

What was the hydrostatic pressure applied? _____ psi (_____ kPa).
The test time was for _____ minutes

Were there any leaks or damage? Yes
 No
In compliance? Yes
 No

If no, explain: _____

3.2 Deterioration at Extremes of Manufacturer's Temperature Range Test

Hot Water Test:

What was the maximum rated temperature? _____ °F (_____ °C)
What was the maximum rated pressure? _____ psi (_____ kPa)
What was the duration of the hot water test? _____ hours

Cold Water Test:

What was the temperature used? _____ °F (_____ °C)
What was the pressure? _____ psi (_____ kPa)
What was the duration of the cold water test? _____ hours

In compliance? Yes
 No

If no, explain: _____

3.3 Endurance Cycling Test

What was the temperature of the preconditioning water? _____ °F (_____ °C)

How long was the device submerged? _____ minutes.

a. What was the temperature of the water used? _____ °F (_____ °C)

What was the pressure utilized? _____ psi (_____ kPa).

b. What was the backpressure utilized? _____ psi (_____ kPa)

What was the number of cycles used? _____ cycles.

After the cycling test, did this device fail any subsequent tests? Yes
 No

If yes, note the subsection(s) which the device failed _____

3.4 Hydrostatic Leakage Test of Check Valve

Upstream Check Valve Test:

What was the pressure applied to the downstream side of the upstream check valve?
_____ psi (_____ kPa)

The test period was for _____ minutes.

Were there any leaks? Yes
 No
Was there any rise in the sight glass with the downstream check fouled? Yes
 No

Downstream Check Valve Test:

What was the pressure applied to the downstream side of the downstream check valve?
_____ psi (_____ kPa)

The test period was for _____ minutes.

Were there any leaks? Yes
 No

Was there any rise in the sight glass with the upstream check valve fouled?

- Yes
 No

3.5 Drip Tightness of Check Valves Test

Upstream Check Valve Test:

What was the pressure applied to the downstream side of the upstream valve?

_____ psi (_____ kPa).

The test period was for _____ minutes.

What was the water level in the sight glass upstream of the upstream check valve?

_____ in (_____ mm)

Were there any leaks?

- Yes
 No

Downstream Check Valve Test:

What was the pressure applied to the downstream side of the downstream valve?

_____ psi (_____ kPa)

The test period was for _____ minutes

What was the water level in the sight glass upstream of the downstream check valve?

_____ in (_____ mm)

Were there any leaks?

- Yes
 No

In compliance?

- Yes
 No
 Questionable

If questionable, explain: _____

3.6 Allowable Pressure Loss at Rated Flow Test

What was the rated flow? _____ GPM (_____ L/s)

What was the maximum pressure loss observed up to and including the rated flow?

_____ psi (_____ kPa)

In compliance?

- Yes
 No
 Questionable

If questionable, explain: _____

Section IV

4.0 Detailed Requirements

4.1 Materials

Do any metal alloys which come in contact with potable water contain more than 8% lead?

- Yes
 No

Do springs in contact with potable water have a corrosion resistance at least equal to stainless steel Series 300?

- Yes
 No

Any metal to metal seating?

- Yes
 No

Are connections in compliance with either:

- a. Threaded ANSI B.20.1 Yes
 No
- or
- b. Flared SAE.J513 45 Degrees Yes
 No

4.2 Instructions for Marking and Installation

4.2.1 List the markings shown on the device:

- a. Manufacturer or trademark _____
- b. Type and model of device _____
- c. Direction of Flow _____

Are markings visible in the installed position? Yes
 No

Are markings cast, stamped or engraved on the body of the device or on a durable metal plate or a corrosion resistant label securely attached to the device? Yes
 No

4.2.2 Installation Instructions

Are complete installation instructions packaged with the device? Yes
 No

Have the instructions shown the correct installation method, including the installation of a strainer in accordance with NSF Std. 18? Yes
 No

For devices capable of being repaired in the field or maintained:
Were complete detailed instructions furnished? Yes
 No

TESTING AGENCY _____

ADDRESS _____

PHONE: _____ FAX: _____

TEST ENGINEER(S) _____

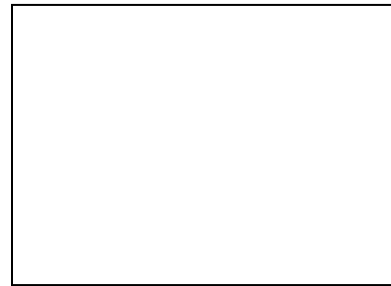
We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

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