

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

**Factory Audit Inspection Test for:  
Vacuum Breaker Wall Hydrants  
Freeze Resistant Automatic Draining Type**

**Tested under ASSE Standard 1019 • Revised: 2004  
Factory Audit Inspection Test**

**Manufacturer** \_\_\_\_\_  
**Model No.** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**Serial No.** \_\_\_\_\_  
**Other Identification Markings** \_\_\_\_\_  
**Size** \_\_\_\_\_  
**Connections (screwed, etc.)** \_\_\_\_\_

**3.3 Deterioration at Maximum Rated Temperature and Pressure**

What was the water temperature used for this test? \_\_\_\_\_ °F (\_\_\_\_\_ °C)

What was the supply pressure used for this test? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

Duration of test: \_\_\_\_\_ hours/day for \_\_\_\_\_ days

In compliance?  Yes  No

**3.6 Self Draining Capabilities**

Type of device on test:  Type "A"  Type "B"  Type "C"

In compliance?  Yes  No  Questionable

If questionable, explain: \_\_\_\_\_

**3.8 Atmospheric Vent Opening For Type A and Type B Devices**

Did the atmospheric vent discharge the hose to 0 psi (0 kPa) when the inlet pressure dropped to 0 psi (0 kPa)?  Yes  No

In compliance?  Yes  No  Questionable

If questionable, explain: \_\_\_\_\_

**3.9 Backflow Prevention for Type "C" Devices**

The test period was for \_\_\_\_\_ hours.

Was there any leakage noted?  Yes  No  Questionable

If questionable, explain: \_\_\_\_\_

In compliance?  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