

American Society of Sanitary Engineering
Seal (Certification) Program

Factory Audit Inspection Test for:
Dual Check Backflow Preventer

Tested under ASSE Standard 1024 • Revised: February, 2004
Factory Audit Inspection Test

Manufacturer _____

Model No. _____

Address _____

Serial No. _____

Other Identification Markings _____

Size _____

3.3 Hydrostatic Leakage Tests of Check Valves

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

What was the pressure on the upstream side? _____ psi (_____ kPa)

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

What was the pressure on the upstream side? _____ psi (_____ kPa)

The test period on each check valve was for _____ minutes.

Were there any leaks or rise in the water level of the sight glass? Yes No

3.5 Drip Tightness of Check Valves

3.5.2 Drip Tightness of Inlet Check Valve

What was the beginning level of the water in the sight glass? _____ inches (_____ mm)

The test period was for _____ minutes.

What was the final level of the water in the sight glass? _____ inches (_____ mm)
In compliance? Yes No Questionable

If questionable, explain: _____

3.5.3 Drip Tightness of Outlet Check Valve

What was the beginning level of the water in the sight glass? _____ inches (_____ mm)

The test period was for _____ minutes.

What was the final level of the water in the sight glass? _____ inches (_____ mm)
In compliance? Yes No Questionable

If questionable, explain: _____

3.8 Dual Check Valve Integrity at Maximum Intermittent Rated Flow

What is the pressure used for this test? _____ psi (_____ kPa)

The test period was for _____ minutes.

Were there any external leaks or other indications of damage?

Yes No

Indicate the flow rate: _____ GPM (_____ L/min)

After this test was completed, was the device retested to Section 3.5?

Yes No

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