

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

**Factory Audit Inspection Test for:
Laboratory Faucet Backflow Preventer**

**Tested under ASSE Standard 1035 • Revised: April, 2008
Factory Audit Inspection Test**

Manufacturer _____

Model No. _____

Address _____

Serial No. _____

Other Identification _____

Size _____

3.1 Hydrostatic Testing of Complete Device

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

The test period was for _____ minutes.

In compliance? Yes
 No
 Questionable

If questionable, explain: _____

3.4 Tightness of Checks

On testing the upstream check, what was the initial height of water in the sight glass column? _____ inches (_____ mm)

Was the pressure on the downstream side atmospheric? Yes
 No

The test period was for _____ minutes.

What was the final sight glass reading? _____ inches (_____ mm)

On testing the downstream check, what was the initial height of water in the sight glass column? _____ inches (_____ mm)

Was the pressure on the downstream side atmospheric? Yes
 No

The test period was for _____ minutes.

What was the final sight glass reading? _____ inches (_____ mm)

In compliance? Yes
 No
 Questionable

If questionable, explain: _____

3.9 Back Siphonage Back Pressure T

When the inlet check valve was fouled and a 4.0 psi (27.6 kPa) back pressure applied, were vacuums applied to the device per a and b respectively? Yes
 No

When the outlet check valve was fouled and a 4.0 psi (27.6 kPa) backpressure applied, were vacuums applied to the device per a and b respectively? Yes
 No

Was there indication of flow of colored water into the inlet piping during either test? Yes
 No

In compliance? Yes
 No
 Questionable

If questionable, explain: _____

3.10 Flow and Pressure Loss

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

At a flow rate of 4.0 GPM (15.0 L/min) what was the pressure loss across the device? _____ psi (_____ kPa)

In compliance? Yes
 No
 Questionable

If questionable, explain: _____

TESTING AGENCY _____

ADDRESS _____

PHONE: _____ FAX: _____

TEST ENGINEER(S) _____

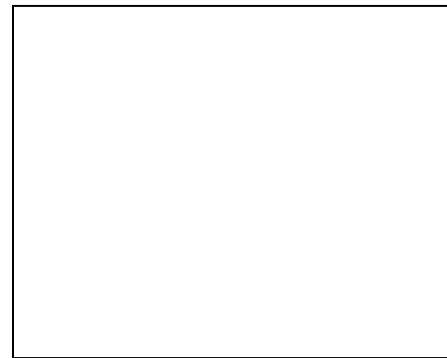
We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

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