

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

**Factory Audit Inspection Test for:  
Freeze Resistant Sanitary Yard Hydrant with Backflow Protection**

**Tested under ASSE Standard 1057 • March, 2001**

**Manufacturer** \_\_\_\_\_

**Model No.** \_\_\_\_\_

**Address** \_\_\_\_\_

**Serial No.** \_\_\_\_\_

**Other Identification Markings** \_\_\_\_\_

**Size** \_\_\_\_\_

**3.5 Freeze Resistant Capabilities**

What was the temperature of the cold chamber at a pressure of 138 kPa (20 psi)?

\_\_\_\_\_ °C (\_\_\_\_\_ °F)

After sixty (60) minutes at this temperature and at the full open position, what was the water discharge rate? \_\_\_\_\_ L/min (\_\_\_\_\_ GPM)

In compliance?  Yes  No

What was the temperature of the cold chamber at a pressure of 690 kPa (100 psi)?

\_\_\_\_\_ °C (\_\_\_\_\_ °F)

What was the water discharge at this temperature and the device full open?

\_\_\_\_\_ L/min (\_\_\_\_\_ GPM)

In compliance?  Yes  No

At any time during the test, did the device externally drain water below the ground level?

Yes  No

In compliance?  Yes  No

**3.8 Backflow Through Outlet Check Valve (All Types)**

At 15 mm (6 inches), was there any loss in the sight glass or leakage through the outlet check valve?  Yes  No

Duration of test \_\_\_\_\_ minutes?

At 3 m (10 feet), was there any loss in the sight glass or leakage through the outlet check valve?

Yes  No

Duration of test: \_\_\_\_\_ minutes.

In compliance?  Yes  No

**3.11 Relief Of Intermediate Chamber Pressure (Types 1 and 2)**

What was pressurization of the device? \_\_\_\_\_ kPa (\_\_\_\_\_ psi).

When the quick acting valve was opened, did the atmospheric vent open to discharge water?

Yes  No

In compliance?  Yes  No

**3.12 Backflow Prevention (Type 3, 4 and 5)**

What was the pressurization of the device? \_\_\_\_\_ kPa (\_\_\_\_\_ psi).

When the quick acting valve was opened, did the atmospheric vent open to discharge water?

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