ASSE International
Product (Seal) Listing Program

FACTORY AUDIT INSPECTION TEST REPORT ASSE 1022-2021
Performance Requirements for Backflow Preventer for Beverage Dispensing Equipment

Manufacturer: 
Contact Person: E-mail: 
Address: 
Laboratory: Laboratory File Number: 
Model # Tested: 
Model Size: 
Additional models report applies to: 
Additional Model Information (i.e. orientation, series, end connections, shut-off valves)

Date models received by laboratory: Date testing began: 
Date testing was completed 
If models were damaged during shipment, describe damages: 

Prototype or production sample? 
Were all tests performed at the selected laboratory? Yes No 
If offsite, identify location: 

General information and instructions for the testing engineer:
The results within this report apply only to the models listed above.

There may be 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 then involved.

Documentation of material compliance must be furnished by the manufacturer. The manufacturer 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.
Section III

3.0 Performance Requirements and Compliance Testing

3.1 Hydrostatic Pressure

3.1.2 Procedure

What was the water temperature used for this test? _____ °F (_____ °C)
How long was water run for? _____ minutes
What pressure was the device pressurized to? _____ psi (_____ kPa)
How long was the pressure held for? _____ minutes

Criteria

Was there any indication of leakage?
☐ Yes ☐ No ☐ Questionable

If yes or questionable, explain ________________________________

Is the device in compliance with this section?
☐ Yes ☐ No ☐ Questionable

If no or questionable, explain ________________________________

3.2 Hydrostatic Test of Check Valves

3.2.2 Procedure

3.2.2.1. Downstream Check Valve

What was the water temperature used for this test? _____ °F (_____ °C)
What pressure was the device pressurized to? _____ psi (_____ kPa)
How long was the pressure held for? _____ minutes
Was there any indication of leakage at the atmospheric port?
☐ Yes ☐ No ☐ Questionable

If yes or questionable, explain ________________________________

3.2.2.2. Upstream Check Valve

What pressure was the device pressurized to? _____ psi (_____ kPa)
How long was the pressure held for? _____ minutes
Was there any indication of leakage out of the inlet of the device?
☐ Yes ☐ No ☐ Questionable

If yes or questionable, explain ________________________________

3.3 Criteria

Is the device in compliance with this section?
☐ Yes ☐ No ☐ Questionable

If no or questionable, explain ________________________________

3.6 Check Valve Sealing Pressure

3.6.2 Procedure

3.6.2.1. Upstream Check Valve

What was the pressure in the water column/pressure gauge? _____ psi (_____ kPa)
How long was pressure held for? _____ minutes
Was there any leakage from the outlet after that time?
☐ Yes ☐ No ☐ Questionable
If yes or questionable, explain __________________________________________________________
Was there any loss in pressure below 14.0 inches (356 mm) of water?
☐ Yes ☐ No ☐ Questionable
If yes or questionable, explain __________________________________________________________

3.6.2.2. Downstream Check Valve
What was the pressure in the water column/pressure gauge? _____ psi (____ kPa)
How long was pressure held for? _____ minutes
Was there any leakage from the outlet after that time?
☐ Yes ☐ No ☐ Questionable
If yes or questionable, explain __________________________________________________________
Was there any loss in pressure below 14.0 inches (356 mm) of water?
☐ Yes ☐ No ☐ Questionable
If yes or questionable, explain __________________________________________________________

3.6.3 Criteria
Is the device in compliance with this section?
☐ Yes ☐ No ☐ Questionable
If no or questionable, explain __________________________________________________________

3.8 Atmospheric Port-Opening Pressure

3.8.2 Procedure
What was the outlet pressure? _____ psi (____ kPa)
When air discharge was observed from the atmospheric port in the form of bubbles, what was the:
Inlet pressure? _____ psi (____ kPa)
Outlet pressure? _____ psi (____ kPa)

*Repeat the test with the inlet pressure at 75.0 psi (517 kPa).*
What was the outlet pressure? _____ psi (____ kPa)
When air discharge was observed from the atmospheric port in the form of bubbles, what was the:
Inlet pressure? _____ psi (____ kPa)
Outlet pressure? _____ psi (____ kPa)

*Repeat the test with the inlet pressure at 150.0 psi (1034 kPa) or the manufacturer's maximum rated working pressure, whichever is greater.*
What was the outlet pressure? _____ psi (____ kPa)
When air discharge was observed from the atmospheric port in the form of bubbles, what was the:
Inlet pressure? _____ psi (_____ kPa)
Outlet pressure? _____ psi (_____ kPa)

3.8.3 Criteria
Is the device in compliance with this section?

☐ Yes ☐ No ☐ Questionable

If no or questionable, explain ________________________________

Section IV
4.0 Detailed Requirements
4.1 Materials and Toxicity
What is the lead content, by mass, of the solder and fluxes in contact with potable water?
_____ %
If compliance is known for the polymers and elastomers in contact with potable water, state the certification bodies and certificate/file numbers as appropriate: __________________

________________________________________________________

Is the device in compliance with this section?

☐ Yes ☐ No ☐ Questionable

If no or questionable, explain ________________________________
LISTED LABORATORY: ________________________________
ADDRESS: _______________________________________
PHONE: ___________________ FAX: ___________________
TEST ENGINEER(S): __________________________________

If applicable:
OUTSOURCED LABORATORY: ______________________________
ADDRESS: _______________________________________
PHONE: ___________________ FAX: ___________________
TEST ENGINEER(S): __________________________________
Scope of outsourced testing: ____________________________

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 listed laboratory: ____________________________________________________________
Signature
Title of the official: __________________________________ Date: ______________