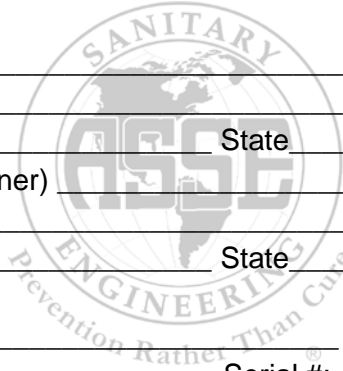


ASSE International

Double Check Backflow Prevention Assembly (DC) ASSE Standard #1015 Field Test Report



Owner of Property _____
 Address _____
 City _____ State _____ Zip Code _____
 Occupant of Property (if different from owner) _____
 Occupant Address _____
 City _____ State _____ Zip Code _____
 Manufacturer of Assembly: _____ Model #: _____
 Size of Assembly: _____ Serial #: _____
 Location of Assembly and Equipment or System Application: _____

Test Equipment:
 Manufacturer: _____ Model #: _____ Serial #: _____
 Calibration Date: _____

Date test was performed: _____ Time test was performed: _____ Static Line Pressure: _____

	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking () psid ____ Closed Tight ()	Leaking () psid ____ Closed Tight ()	Leaking () Closed Tight ()
Describe parts and repairs when needed			
Final Test	Leaking () psid ____ Closed Tight ()	Leaking () psid ____ Closed Tight ()	Leaking () Closed Tight ()

Certified Tester (print) _____
 Address _____
 City _____ State _____ Zip _____
 Phone #: _____
 License #: _____ Certification # _____

Assembly Final Performance
 Pass
 Fail

Signature _____ Date: _____

Comments or Recommendations (continue to other side, if needed): _____

