ASSE International
Reduced Pressure Principle Backflow Preventer (RP)
ASSE Standard #1013 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: ____________

<table>
<thead>
<tr>
<th></th>
<th>Check Valve #2</th>
<th>Shutoff valve #2</th>
<th>Check Valve #1</th>
<th>Pressure Differential Relief Valve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Test</td>
<td>Leaking ( )</td>
<td>Leaking ( )</td>
<td>Leaking ( )</td>
<td>Opened at ___psid</td>
</tr>
<tr>
<td></td>
<td>Closed Tight ( )</td>
<td>Closed Tight ( )</td>
<td>Closed Tight ( )</td>
<td></td>
</tr>
<tr>
<td>Descibe parts and repairs when needed</td>
<td></td>
<td></td>
<td>Closed Tight ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pressure Drop Across Check Valve #1 ___ psid</td>
<td></td>
</tr>
<tr>
<td>Final Test</td>
<td>Leaking ( )</td>
<td>Leaking ( )</td>
<td>Leaking ( )</td>
<td>Opened at ___psid</td>
</tr>
<tr>
<td></td>
<td>Closed Tight ( )</td>
<td>Closed Tight ( )</td>
<td>Closed Tight ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pressure Drop Across Check Valve #1 ___ psid</td>
<td></td>
</tr>
</tbody>
</table>

Certified Tester (print)________________________________________
Address _____________________________________________________
City __________________________ State __________ Zip ______
Phone #: __________________________
License #: __________________________ Certification # ____________
Signature __________________________ Date: __________

Comments or Recommendations (continue to other side, if needed):
________________________________________________________________
________________________________________________________________
________________________________________________________________
Assembly Final Test Performance
Pass [ ]
Fail [ ]