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: __________

<table>
<thead>
<tr>
<th></th>
<th>Check Valve #1</th>
<th>Check Valve #2</th>
<th>Shutoff Valve #2</th>
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<tbody>
<tr>
<td>Initial Test</td>
<td>Leaking (   )</td>
<td>Leaking (   )</td>
<td>Leaking (   )</td>
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<td>psid ___</td>
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<td></td>
<td>Closed Tight ( )</td>
<td>Closed Tight ( )</td>
<td>Closed Tight ( )</td>
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<tr>
<td>Describe parts and repairs when needed</td>
<td>Leaking (   )</td>
<td>Leaking (   )</td>
<td>Leaking (   )</td>
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<td>Closed Tight ( )</td>
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<tr>
<td>Final Test</td>
<td>Leaking (   )</td>
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<td>Closed Tight ( )</td>
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Certified Tester (print)______________________________________
Address__________________________________________________
City________________________ State_________ Zip_____________
Phone #: _______________________________
License #: ___________________ Certification # _________________

Signature ________________________________ Date: __________

Assembly Final Performance
Pass ☐
Fail ☐

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