

TEST AND MAINTENANCE REPORT

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: **RP** DC PVB SVB SIZE: _____

MANUFACTURER: _____ MODEL: _____ **SERIAL NO:** _____

GAUGE MANUF _____ SERIAL # _____ DATE CALIBRATED: _____

Check Valve #1	Relief Valve	Check Valve #2	PVB /SVB
<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight ¹	opened at: _____ psi ² or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight ³	Air Inlet: did not open <input type="checkbox"/> or opened at _____ psi
differential pressure across check valve _____ psi ⁴	Outlet shut-off valve: ⁵ <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	OPTIONAL TEST ⁶ differential pressure across check valve _____ psi	Check Valve: leaked <input type="checkbox"/> or held at _____ psi
<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> RV cleaned only Replaced: RV rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> or disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disk, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
differential pressure across check valve _____ psi	Relief valve opened at _____ psi	differential pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

NOTE: All repairs shall be completed within five (5) working days.

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. No: _____ DATE: _____

TIME: _____

This Assembly: PASSED FAILED