

**TEST & MAINTENANCE FIELD DATA  
REDUCED PRESSURE ZONE ASSEMBLY**

OWNER: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

LOCATION OF DEVICE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_

SIZE: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

**INITIAL TEST**

CHECK VALVE #1	TIGHT: _____	PSID _____
CHECK VALVE #2	CLOSED TIGHT: _____	LEAKED: _____
DIFFERENTIAL PRV	OPENED AT: _____	PSID _____ DID NOT OPEN: _____
PASSED: _____	TESTER: _____	CERTIFICATE: _____
DATE: _____	REMARKS: _____	

**MAINTENANCE**

CHECK VALVE #1	CLEANED: _____	REPAIRED: _____
CHECK VALVE #2	CLEANED: _____	REPAIRED: _____
DIFFERENTIAL PRV	CLEANED: _____	REPAIRED: _____
REPAIRS: _____		
DATE _____	REPAIRED BY: _____	

**FINAL TEST**

#1 TIGHT: _____	PSID _____	#2 CLOSED TIGHT: _____	DIFFERENTIAL PRV OPENED AT: _____
PSID _____			
PASSED: _____	TESTER: _____	CERTIFICATE: _____	
DATE: _____	REMARKS: _____		

NOTE: ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED.

ADDITIONAL COMMENTS: \_\_\_\_\_

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

TESTING COMPANY \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CERTIFIED TESTER