

**TEST & MAINTENANCE FIELD DATA
DOUBLE CHECK VALVE ASSEMBLY**

OWNER: _____

SERVICE ADDRESS: _____

LOCATION OF DEVICE: _____

MANUFACTURER: _____ MODEL: _____

SIZE: _____ SERIAL NUMBER: _____

INITIAL TEST

	#1 CLOSED TIGHT	#1 LEAKED	#2 CLOSED TIGHT	#2 LEAKED
CHECK VALVE	_____	_____	_____	_____
PASSED: _____	TESTER: _____	CERTIFICATE: _____		
DATE: _____	REMARKS: _____			

MAINTENANCE

	#1 CLEANED	#1 REPAIRED	#2 CLEANED	#2 REPAIRED
CHECK VALVE	_____	_____	_____	_____
REPAIRS: _____				

DATE: _____	REPAIRED BY: _____			

FINAL TEST

CLOSED TIGHT	#1 _____	#2 _____	
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 _____

SIGNATURE OF CERTIFIED TESTER

ADDRESS: _____