## American Society of Sanitary Engineering Double Check Backflow Prevention Assembly (DC) ASSE Standard #1015 Field Test Report

ANITAR

Owner of Property			
Address	/_ <i>[</i> _3		
City		State	Zip Code
Occupant of Property (if differ	ent from owner)		
Occupant Address			
City	7 17	State	Zip Code
	Cr. C.1	NEERL	
Manufacturer of Device:	· tion	Model	#:
Size of Device:		Serial #:	
Location of Assembly and Ec	quipment or System Ap	pplication:	#:
Took Favinment			
Test Equipment:	nufacturer: Model #:		Carial #
Calibration Date:			Serial #.
שמווטומנוטוז שמנכ			
Date test was performed:	Time test was	performed:	Static Line Pressure:
	<u> </u>		
	Check Valve #1	Check Valve #2	Shutoff valve #2
Initial Test	Leaking ( )	Leaking ( )	
	psid	psid	Leaking ( ) Closed Tight ( )
	Closed Tight ( )	Closed Tight ( )	Olosca right ( )
Describe parts and			
repairs when needed			
	Leaking ( )	Leaking ( )	Leaking ( )
Final Test	psid Closed Tight ( )	psid Closed Tight ( )	Closed Tight ( )
	Closed right ( )	Closed Fight ( )	
Certified Tester (print)			Assembly Final Tes
·· ,			Performance
ddressStateZip			Page
Phone #:			Pass
Phone #: License #:	Certification #		Fail
Signature Date: _			
Signature			