



# Test Report

City of Redlands

Assembly ID		Facility Name:			
Acct Number:		Meter #:		Test Report Due:	
Service Address:				Schedule Code:	
				Assembly Info: (Replacement/Correction)	
NOTES:				SN	<input type="checkbox"/>
Premise Code		Containment		Mfr	<input type="checkbox"/>
Contact Name		PH		Type	<input type="checkbox"/>
Map Page		#2		Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				Acct.#	
<input type="checkbox"/> - Confinement		<input type="checkbox"/> - Freeze Protection		Hazard Type	Haz. Level

  

Line pressure at time of test:		<b>REPORT OF TEST RESULTS</b>			<input type="checkbox"/> Approved BFP	
	<b>Check Valve # 1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>	<b>Shut off Valves</b>	
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		
<b>Pass Fail</b>	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not OPEN	<input type="checkbox"/> Open Fully Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Checked Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight	<input type="checkbox"/> #1 <input type="checkbox"/> #2
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring (s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring (s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring (s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring (s) <input type="checkbox"/> Module <input type="checkbox"/> Rubber Kit <input type="checkbox"/> _____	CLEANED REPLACED REPAIRED	<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #1 <input type="checkbox"/> #2
<b>Final Test</b>	<input type="checkbox"/> _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	<input type="checkbox"/> #1 <input type="checkbox"/> #2
					<b>PASS</b>	<input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Tester Signature

1A

Tester Print Name	Certificate	Test Date:		Company	Phone
Final Test By					
Repair By					