

Name:
 Premise Address:
 Contact Person:
 Phone #:
 Location of Assembly:
 Type of Hazard:
 Manufacturer:
 Model:

Assembly #:
 Date Installed:
 Type:
 Serial #:

	INITIAL TEST RESULTS	TEST AFTER REPAIR OR CLEANING
RPBA RPDA	LINE PRESSURE____ AIR GAP YES____ NO____ PRESSURE DROP ACROSS NO. 1 CHECK VALVE ____PSID RELIEF VALVE OPENED ____PSID NO. 1 CHECK PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NO. 2 CHECK PASS <input type="checkbox"/> FAIL <input type="checkbox"/> PASSED TEST: YES____ NO____	LINE PRESSURE____ AIR GAP YES____ NO____ PRESSURE DROP ACROSS NO. 1 CHECK VALVE ____PSID RELIEF VALVE OPENED ____PSID NO. 1 CHECK PASS <input type="checkbox"/> FAIL <input type="checkbox"/> NO. 2 CHECK PASS <input type="checkbox"/> FAIL <input type="checkbox"/> PASSED TEST: YES____ NO____
DCVA DCDA	LINE PRESSURE____ NO. 1 CHECK VALVE PSID____ PASSED <input type="checkbox"/> PSID____ FAILED <input type="checkbox"/> NO. 2 CHECK VALVE PSID____ PASSED <input type="checkbox"/> PSID____ FAILED <input type="checkbox"/> PASSED TEST: YES____ NO____	LINE PRESSURE____ NO. 1 CHECK VALVE PSID____ PASSED <input type="checkbox"/> PSID____ FAILED <input type="checkbox"/> NO. 2 CHECK VALVE PSID____ PASSED <input type="checkbox"/> PSID____ FAILED <input type="checkbox"/> PASSED TEST: YES____ NO____
PVB	LINE PRESSURE____ AIR INLET: OPENED _____ PSID FAILED TO OPEN <input type="checkbox"/> CHECK VALVE _____ PSID PASS <input type="checkbox"/> FAIL <input type="checkbox"/> PASSED TEST: YES____ NO____	LINE PRESSURE____ AIR INLET: OPENED _____ PSID FAILED TO OPEN <input type="checkbox"/> CHECK VALVE _____ PSID PASS <input type="checkbox"/> FAIL <input type="checkbox"/> PASSED TEST: YES____ NO____
AG	MINIMUM SEPARATION: YES____ NO____	MINIMUM SEPARATION: YES____ NO____
REMARKS:		

TEST EQUIPMENT

MAKE _____ MODEL _____ SERIAL # _____ TYPE _____ VERIFICATION OF ACCURACY DATE _____

I CERTIFY THE ABOVE REPORT TO BE TRUE:

CERTIFIED _____ CERTIFIED TESTER'S TYPED OR PRINTED NAME _____ PHONE # _____

INITIAL TEST BY SIGNATURE _____ CERT. NO _____ DATE: _____

REPAIRED BY: _____ CERT. NO _____ DATE: _____

REPAIR TEST BY SIGNATURE _____ CERT. NO _____ DATE: _____

Water Service Restored? Y N

REMARKS MAY BE CONTINUED ON THE BACK IF REQUIRED.

Owner/Agent Signatures: _____

RETURN TO:

MODERN ELECTRIC WATER COMPANY
 PO BOX 14008
 Spokane, WA 99214
 Phone: 928-4540 Fax: 755-9000