

ALL TESTS MUST BE COMPLETED BY A CERTIFIED ASSE TESTER

Date:

Customer Name:

Address:

Zip:

Email:

Phone:

Type of Device:

Size:

Install Date:

Make:

Model:

Serial #:

Location:

Sump Pump: Yes or No

Sump Pump Discharges To:

Sump Pump Water Assisted? Yes or No

If YES device must be tested!

	Reduced Pressure Devices			Pressure Vacuum Breaker	
	Double Check Devices		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____	_____ PSID
Initial Test	DC-Closed tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs & Materials Used	RP- _____ PSID Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			
Test after repairs	DC-Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	_____ PSID

*If you have multiple devices, please make copies of this form, or reach out to one of the persons below.

Pass	<input type="checkbox"/>
Fail	<input type="checkbox"/>

Certified Tester: _____

Cert. Tester No: _____ Date: _____

Please return this completed form by July 1, 2024, by email to skoza1@fv-operations.com

Questions? Please call or text Nick @ 616-328-1034 or Stephanie @ 616-437-1141