



Pressure Vacuum Breaker Assembly ASSE Standard 1020 Field Test Report

Owner of Property _____

Address _____ City _____ State _____ Zip _____

Manufacturer of Device _____ Model Number _____

Serial Number _____ Size of Device _____

Location of Assembly and Equipment or System Application _____

Test Equipment

Manufacturer _____ Model Number _____

Serial Number _____ Calibration Date _____

Date test was performed _____ Time Test was performed _____ Static Line Pressure _____

	Air Inlet Valve	Check Valve	Shutoff #2
INITIAL TEST	Failed to Open _____ Opened at _____ psid	Pressure Drop Across Check Valve _____ psi Leaking () Closed Tight ()	Leaking () Closed Tight ()
Describe Parts and/or Repairs If Needed			
FINAL TEST	Opened at _____ psid	Pressure Drop Across Check Valve _____ psi Leaking () Closed Tight ()	Leaking () Closed Tight ()

Certified Tester (print) _____

License # _____ Certification # _____

Signature _____ Date _____

**ASSEMBLY FINAL TEST
PERFORMANCE**

PASS

FAIL

Comments or Recommendations (attach additional sheet to report if needed):
