



EASTON SUBURBAN WATER AUTHORITY

Pressure Vacuum Breaker Assembly ASSE Standard 1020 Field Test Report



Name 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 _____

Test Date _____ Test Time _____ Static Line Pressure _____

	Air Inlet Valve	Check Valve	Shut-off #2
INITIAL TEST	Failed to Open () Opened at _____ psid	Leaking () Closed Tight () Pressure Drop Across Check Valve _____ psid	Leaking () Closed Tight ()
Describe Parts and Repairs When Needed			
FINAL TEST	Failed to Open () Opened at _____ psid	Leaking () Closed Tight () Pressure Drop Across Check Valve _____ psid	Leaking () Closed Tight ()

Certified Tester (print) _____

Company Name _____ Phone # _____

Certification # _____

ASSEMBLY FINAL TEST PERFORMANCE

PASS
FAIL

Signature _____ Date _____

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

