



Existing  New  Replacement

Replaces SN# \_\_\_\_\_  
Serial Number \_\_\_\_\_  
Map Page \_\_\_\_\_

PWS ID:

(513) 425-7871

Contact Name \_\_\_\_\_

**Assembly Location Information**

Facility Name \_\_\_\_\_ X\_Facility ID \_\_\_\_\_  
Service Address \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Property Information**

Mailing Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
City/ST/Zip \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone \_\_\_\_\_

**Assembly Information**

PVB  SVB  DC  DCDA  RP  RPDA  Air Gap  Other  
Size: \_\_\_\_\_ Mfg: \_\_\_\_\_ Model: \_\_\_\_\_

Assy Location \_\_\_\_\_  
Hazard Type \_\_\_\_\_

Water Turn Off Authorization: (Print) \_\_\_\_\_ Time: \_\_\_\_\_

Is the Assembly installed in accordance with manufacturers recommendations and/or local codes?  Yes  No

Test Date	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2		Opened at	Held at
<b>Initial Test</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Did not Open	_____ PSID <input type="checkbox"/> Leaked
<b>Repairs and Materials Used</b>					
<b>Final Test</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Manufacturer/Model: \_\_\_\_\_ SN: \_\_\_\_\_ Date Tested for Accuracy: \_\_\_\_\_

Remarks \_\_\_\_\_  
 USC 10th Edit.

**The above is certified to be true at the time of testing:**

Tester Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Test Acknowledged By: \_\_\_\_\_ Certified Tester #: \_\_\_\_\_  
Service Restored:  Yes  No

Company Name

Address

CCBFID#