



# Test Report

City of Redlands

|                 |  |               |  |                  |                          |
|-----------------|--|---------------|--|------------------|--------------------------|
| Assembly ID     |  | Facility Name |  | Test Report Due: |                          |
| Acct Number     |  | Meter #       |  | Schedule Code    |                          |
| Service Address |  |               |  | Assembly Info    | (Replacement/Correction) |
| NOTES           |  |               |  | SN               | <input type="checkbox"/> |
| Premise Code    |  | Containment   |  | Mfr              | <input type="checkbox"/> |
| Contact Name    |  | Ph            |  | Type             | <input type="checkbox"/> |
| Map Page        |  | #2            |  | Size             | <input type="checkbox"/> |
|                 |  |               |  | Model            | <input type="checkbox"/> |
|                 |  |               |  | Install Date     |                          |
|                 |  |               |  | Acct.#           |                          |

|                                      |  |             |  |            |  |
|--------------------------------------|--|-------------|--|------------|--|
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Freeze Protection | Hazard Type |  | Haz. Level |  |
|--------------------------------------|--|-------------|--|------------|--|

Line pressure at time of test: \_\_\_\_\_ **REPORT OF TEST RESULTS**  Approved BFP

|                     | Check Valve #1   | Check Valve #2   | Relief Valve   | PVB/SVB  | Shut Off Valves               |                             |                          |
|---------------------|--|--|--|--|-------------------------------|-----------------------------|--------------------------|
| <b>Initial Test</b> | <input type="checkbox"/> Held at _____ PSID<br><input type="checkbox"/> Closed Tight   | <input type="checkbox"/> Held at _____ PSID<br><input type="checkbox"/> Closed Tight   | <input type="checkbox"/> Opened at _____ PSID<br><input type="checkbox"/> Did Not Open   | <input type="checkbox"/> Air Inlet Opened at _____ PSID<br>Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/><br><input type="checkbox"/> Check Held at _____ PSID<br><input type="checkbox"/> Leaked  | Closed Tight                  | #1 <input type="checkbox"/> |                          |
| <b>Pass</b>         | <input type="checkbox"/> Leaked  | <input type="checkbox"/> Leaked  |  |  | Leaked                        | #2 <input type="checkbox"/> |                          |
| <b>Fail</b>         |  |  |  |  |                               |                             |                          |
| <b>REPAIR</b>       | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Guide<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Guide<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED<br><input type="checkbox"/> Air Inlet Disc<br><input type="checkbox"/> Air Inlet Spring<br><input type="checkbox"/> Check Disc<br><input type="checkbox"/> Check Spring<br><input type="checkbox"/> Float<br><input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | CLEANED<br>REPLACED<br>REPAIR | <input type="checkbox"/>    | <input type="checkbox"/> |
|                     | Other  |  |  |  |                               | <input type="checkbox"/>    | <input type="checkbox"/> |

Other/Notes: \_\_\_\_\_  
\_\_\_\_\_

|                   |   |   |   |   |                                       |                          |
|-------------------|---|---|---|---|---------------------------------------|--------------------------|
| <b>Final Test</b> | _____ PSID<br><input type="checkbox"/> Closed Tight | _____ PSID<br><input type="checkbox"/> Closed Tight | <input type="checkbox"/> Opened at _____ PSID | Air Inlet _____ PSID<br>CK Valve _____ PSID | Closed Tight <input type="checkbox"/> | <input type="checkbox"/> |
|                   |   |   |   |   | <b>Pass</b>                           | <input type="checkbox"/> |

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Tester Signature

1A

|                   |             |            |  |         |       |
|-------------------|-------------|------------|--|---------|-------|
| Tester Print Name | Certificate | Test Date: |  | Company | Phone |
| Final Test By     |             |            |  |         |       |
| Repair By         |             |            |  |         |       |