



Name of Occupier: _____

Address of Premise: _____

Management Company: _____

Contact: _____ Tel.: _____ Permit # (if applicable): _____

Location of Assembly: _____ Existing: _____ New: _____

Assembly: _____
Manufacturer Model Size Serial No.

Initial Test Date: _____ Line pressure at time of test: _____ lbs.

Pressure drop across first check valve: _____ lbs. Buffer: _____ lbs.

Table with 3 main columns: RPBA, DCVA, and PVBA. Each column contains sub-sections for valve types (Differential Pressure Relief Valve, Check Valve No. 1, Check Valve No. 2, AIR INLET, CHECK VALVE) and their operational status (Opened at, Did not open, etc.).

Test: Passed Failed (no sticker required) Replacement (replaces serial no.: _____)

Remarks: _____

Name of Certified Tester: _____ Final Test Date: _____

Testing Company: _____ Certification No.: _____

E-Mail Address: _____ Tel.: _____

Fax: _____



I certify that I have tested the above assembly and that it meets the performance requirements outlined in the Cross-Connection Control Standards of the City of Richmond

Tester's Signature

* Faxed reports not accepted, except for new installations where no sticker is required.