

PRESSURE VACUUM BREAKER TEST REPORT LOG

TEST KIT TYPE _____ TEST KIT SERIAL NO. _____

DATE CALIBRATED ____/____/____ CALIBRATED BY _____

NOTE: TEST KITS MUST BE TESTED FOR CALIBRATION EVERY 12 MONTHS

BUSINESS NAME _____

CUSTOMER ADDRESS _____ ZIP CODE _____

RESPONSIBLE PERSON _____ PHONE NO. _____

 DEVICE MANUFACTURER MODEL NO. SERIAL NO. SIZE LOCATION OF DEVICE

PRESSURE VACUUM BREAKER

Air Inlet _____ PSID
 Did not open

Check Valve _____ PSID
 Leaked

Cleaned

Replaced: (Old S/N) _____

Air Inlet _____ PSID
 Check Valve _____ PSID

Shut off Valve #2
 Leaked Closed Tight

Comments: _____

This Assembly: _____ PASSED _____ FAILED

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE CORRECT.

 FIRM OF TESTER SIGNATURE OF TESTER CERTIFICATE NO. PHONE NO.