

**ASSE International
Product (Seal) Listing Program**

Factory Audit Inspection Test Report Form (FAITRF)

ASSE 1052-2016

Performance Requirements Form Hose Connection Backflow Preventers

Seal: _____ Laboratory: _____

Laboratory File Number: _____

Manufacturer: _____

Model # Tested: _____

Model Size: _____

Date models received by laboratory: _____ Date testing began: _____

Date testing was completed _____

If models were damaged during shipment, describe damages:

Were all tests performed at the selected laboratory? Yes No

If offsite, identify location: _____

Which sample from the audit is being tested in this report? First sample Second sample

General information and instructions for the testing engineer:

The results within this report apply only to the models listed above.

There may be items for which the judgment of the test engineer will be involved. Should there be a question of compliance with that provision of the standard, a conference with the manufacturer should be arranged to enable a satisfactory solution of the question.

Should disagreement persist and compliance remain in question by the test agency, the agency shall, if the product is in compliance with all other requirements of the standard, file a complete report on the questionable items together with the test report, for evaluation by the ASSE Seal Control Board. The Seal Control Board will then review and rule on the question of compliance with the intent of the standard then involved.

Documentation of material compliance must be furnished by the manufacturer. The manufacturer shall furnish to the testing agency, a bill of material which clearly identifies the material of each part included in the product construction. This identification must include any standards which relate thereto.

Section III

3.0 Performance Requirements and Compliance Testing

3.2 Water Flow Capacity and Pressure Loss

Inlet size of device: _____ NPS
Pressure differential reached: _____ psi (_____ kPa)
Flow rate achieved: _____ GPM (_____ L/s)

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.9 Backflow Through Inlet Check Valve

Water level in the sight glass after closing the supply valve: _____ inches (_____ mm)
Water level held for: _____ minutes

Was there any loss of level in the sight glass or leakage through the inlet check valve?

Yes No Questionable

If no or questionable, explain _____

Adjusted water level in the sight glass after closing the supply valve: _____ inches (_____ mm)
Adjusted water level held for: _____ minutes

Was there any loss of level in the sight glass or leakage through the inlet check valve?

Yes No Questionable

If no or questionable, explain _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.10 Backflow Through Outlet Check Valve

Water level in the sight glass after closing the supply valve: _____ inches (_____ mm)
Water level held for: _____ minutes

Was there any loss of level in the sight glass or leakage through the outlet check valve at the atmospheric vents?

Yes No Questionable

If no or questionable, explain _____

Adjusted water level in the sight glass after closing the supply valve: _____ inches (_____ mm)
Adjusted water level held for: _____ minutes

Was there any loss of level in the sight glass or leakage through the outlet check valve at the atmospheric vents?

Yes No Questionable

If no or questionable, explain _____

Manufacturer's maximum rated working pressure: _____psi (_____kPa)

Adjusted supply pressure after closing valve #2: _____psi (_____kPa)

Adjusted supply pressure held for: _____minutes

Was there any loss of level in the sight glass or leakage through the outlet check valve at the atmospheric vents?

Yes No Questionable

If no or questionable, explain _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.12 Backsiphonage and Backpressure

Size of fouling wire: _____inches (_____mm)

Check valve fouled: Inlet Outlet

Pressure at outlet of device: _____psi (_____kPa)

1) Vacuum held at: _____inches (_____mm) of mercury

Vacuum held for: _____minutes

2) Initial vacuum: _____inches (_____mm) of mercury

Raised vacuum: _____inches (_____mm) of mercury

Reduced vacuum: _____inches (_____mm) of mercury

3) Applied vacuum during surge effect: _____inches (_____mm) of mercury

Was there any indication of flow of water from the outlet of the device into the inlet piping?

Yes No Questionable

If no or questionable, explain _____

Check valve fouled: Inlet Outlet

Pressure at outlet of device: _____psi (_____kPa)

1) Vacuum held at: _____inches (_____mm) of mercury

Vacuum held for: _____minutes

2) Initial vacuum: _____inches (_____mm) of mercury

Raised vacuum: _____inches (_____mm) of mercury

Reduced vacuum: _____inches (_____mm) of mercury

3) Applied vacuum during surge effect: _____inches (_____mm) of mercury

Was there any indication of flow of water from the outlet of the device into the inlet piping?

Yes No Questionable

If no or questionable, explain _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.13 Relief of Intermediate Chamber Pressure

Manufacturer's maximum rated working pressure: _____psi (_____kPa)

Raised pressure after closing valve #2: _____psi (_____kPa)

Was quick acting opened? Yes No Questionable

If no or questionable, explain _____

Did the atmospheric vents open upon inlet pressure dropping? Yes No Questionable

If no or questionable, explain _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

LISTED LABORATORY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

If applicable:

OUTSOURCED LABORATORY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

Scope of outsourced testing: _____

We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

Signature of the official of the listed laboratory: _____

Signature

Title of the official: _____ Date: _____