

American Society of Sanitary Engineering
PRODUCT (SEAL) LISTING PROGRAM



ASSE STANDARD #1018 - REVISED: 2001
Trap Seal Primer Valves - Potable Water Supplied

MANUFACTURER: _____

CONTACT PERSON: _____

E-MAIL: _____

ADDRESS: _____

LABORATORY FILE NUMBER: _____

MODEL # TESTED: _____

MODEL SIZE: _____

ADDITIONAL MODELS REPORT APPLIES TO: _____

ADDITIONAL MODEL INFORMATION (i.e. orientation, series, end connections, shut-off valves):

DATE MODELS RECEIVED BY LABORATORY: _____

DATE TESTING BEGAN: _____

DATE TESTING WAS COMPLETED: _____

IF MODELS WERE DAMAGED DURING SHIPMENT, DESCRIBE DAMAGES: _____

PROTOTYPE OR PRODUCTION: _____

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 Board. The Seal 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. He 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 I

1.0 General

- 1.1 Application
Are the devices designed to supply potable water to drain traps? **Yes** **No**
 Questionable
- 1.2 Scope
- 1.2.1 Description
Does the description furnished by the manufacturer meet that described in the standard, including a means of preventing back-siphonage? **Yes** **No**
- 1.2.2 Size _____ inches (_____ mm)
- 1.2.3 Flow
Is the rate of water flow to the trap fixed or adjustable? **Fixed**
 Adjustable
- If adjustable, is the method of adjustment downstream of the back-siphonage backflow device? **Yes** **No**
- Is the means of adjustment capable of completely shutting off the water flow? **Yes** **No**
- 1.2.4 Pressure (Hydrostatic)
What is the maximum working pressure as noted by the manufacturer?
_____ psi (_____ kPa)
- 1.2.5 Operating Pressure Range
What is the operating pressure range as noted by the manufacturer?
Minimum: _____ psi (_____ kPa) Maximum: _____ psi (_____ kPa)

SECTION II

2.0 Test Specimens

- 2.1 Samples Submitted
How many devices of each size and model were submitted by the manufacturer? _____
- 2.2 How many devices were utilized during the laboratory evaluation? _____
If more than one (1) device was used during the evaluation, please state why additional devices were necessary. _____
- 2.3 Were assembly drawings, installation instructions and all other data submitted by the manufacturer to enable you to determine compliance with the standard? **Yes** **No**
- Were these items reviewed by the lab personnel performing and supervising the test? **Yes** **No**



SECTION III

3.0 Performance Requirements and Compliance Testing

A 3.1 Hydrostic Test
What was the maximum pressure applied? _____ psi (_____ kPa)
How long was the pressure sustained? _____ minutes
Were there any indications of leakage or damage ? **Yes** **No**

3.2 Cycle Test
Was the device installed per manufacturer’s standard installation **Yes** **No**
instructions?
What was the pressure utilized? _____ psi (_____ kPa)
The device was cycled _____ times
Was there any leakage or indication of damage during the test? **Yes** **No**

3.3
3.3.1 Flow Activated Devices
What is the minimum flow rate as stated by the _____ GPM (_____ L/m)
manufacturer?
What is the minimum discharge volume as stated by _____ oz (_____ mL)
themanufacturer?
At a supply pressure of 20 psi (138 kPa) water was allowed to
follow through the device for: _____ minutes

Record the volume discharge for five (5) test periods

- 1) _____ oz (_____ mL)
- 2) _____ oz (_____ mL)
- 3) _____ oz (_____ mL)
- 4) _____ oz (_____ mL)
- 5) _____ oz (_____ mL)

Were the recorded discharge volumes equal to or greater than the **Yes** **No**
manufacturer’s stated discharge volume at 20 psi (138 kPa)?

At a supply pressure of 80 psi (552 kPa), water was allowed to
flow through the device for: _____ minutes

Record the rate of discharge for five (5) test periods

- 1) _____ oz (_____ mL)
- 2) _____ oz (_____ mL)
- 3) _____ Oz (_____ mL)
- 4) _____ oz (_____ mL)
- 5) _____ oz (_____ mL)

Were the recorded discharge volumes equal to or greater than the **Yes** **No**
manufacturer’s stated discharge volume at 80 psi (552 kPa)?



3.3.2 Pressure Activated Devices

What is the minimum pressure drop as stated by the manufacturer? _____ psi (_____ kPa)

What is the minimum discharge volume as stated by the manufacturer? _____ oz (_____ mL)

The supply pressure was adjusted to: _____ psi (_____ kPa)

Fluctuate the supply pressure per the manufacturer's specifications and record the discharge volume for five (5) test periods

- 1) _____ oz (_____ mL)
- 2) _____ oz (_____ mL)
- 3) _____ oz (_____ mL)
- 4) _____ oz (_____ mL)
- 5) _____ Oz (_____ mL)

Were the recorded discharge volumes equal to or greater than the manufacturer's stated discharge volume? Yes No

The supply pressure was adjusted to: _____ psi (_____ kPa)

Record the volume discharge for five (5) test periods

- 1) _____ oz (_____ mL)
- 2) _____ oz (_____ mL)
- 3) _____ oz (_____ mL)
- 4) _____ oz (_____ mL)
- 5) _____ oz (_____ mL)

Were the recorded discharge volumes equal to or greater than the manufacturer's stated discharge volume? Yes No

3.4 Back Siphonage

(a) Apply intermittent vacuums of 25 inches (635 mm) or more mercury column. Record the water rise in the sight glass: _____ Inches (_____ mm)

(b) Apply intermittent vacuums at the following levels and record the water rise in the sight glass.

- Level 1 - 2 inches (53 mm) _____ Inches (_____ mm)
- Level 2 - 5 inches (127 mm) _____ Inches (_____ mm)
- Level 3 - 10 inches (254 mm) _____ Inches (_____ mm)
- Level 4 - 15 inches (361 mm) _____ Inches (_____ mm)
- Level 5 - 25 inches (635 mm) _____ Inches (_____ mm)

(c) Apply instantaneous vacuum at 25 inches (635 mm) of mercury column to establish surge effect. Record the water rise in the sight glass: _____ Inches (_____ mm)



- (d) Slowly apply steadily increasing vacuum from 0 inches to 25 inches (0 mm to 635 mm) mercury column.
Record the water rise in the sight glass: _____ Inches (_____ mm)
- Slowly apply steadily decreasing vacuum from 25 inches (635 mm to 0 mm).
Record the water rise in the sight glass: _____ Inches (_____ mm)
- Were there any water rises above 3 inches (76.2 mm) in any of the above tests? **Yes** **No**

SECTION IV

4.0 Detailed Requirements

- 4.1 Materials
- 4.1.2.1 Contaminated Materials
Do the materials comply with the applicable sections of the ASSE Reference Document, RD-001 "Material Toxicity Requirements For Plumbing Products and Devices"? **Yes** **No**
- 4.1.2.2 Compliance and Certification
Do all elastomers and polymers in contact with potable water comply with U.S. Code of Federal Regulations Title 21.177.2600, or have they been certified as non-toxic by an independent approved lab? **Yes** **No**
- 4.1.3 Corrosion of Interior Parts
Are all metal parts in contact with potable water have a corrosion resistance at least equal to a copper alloy of not less than 58% copper? **Yes** **No**
- 4.1.6 Connections
Do pipe threads comply to ANSI/ASME B1.20.1? **Yes** **No**
- If connections other than threaded, do they comply with the appropriate standard? **Yes** **No**
- 4.2 Documentation
Were installation instructions packaged with the device? **Yes** **No**
- Did the instructions state that the critical level shall be installed at least 150 mm (6 inches) above the grid of a floor drain or the flood rim of the equipment which the trap serves? **Yes** **No**
- Did the manufacturer include the following:
Minimum flow rates? **Yes** **No**



If pressure activated, were the pressures noted along with the minimum flow rates? **Yes** **No**

4.3

Markings

List the markings shown on the device

(a) Manufacturer's name or trade mark:

(b) Model number or other identification:

(c) Operating range:

_____ psi (_____ kPa)

How were the markings made?

- Stamped**
- Cast**
- Permanent label**
- Other**

Were markings visible in the normally installed orientation?

Yes **No**



TESTING AGENCY:

ADDRESS:

PHONE:

FAX:

TEST ENGINEERS:

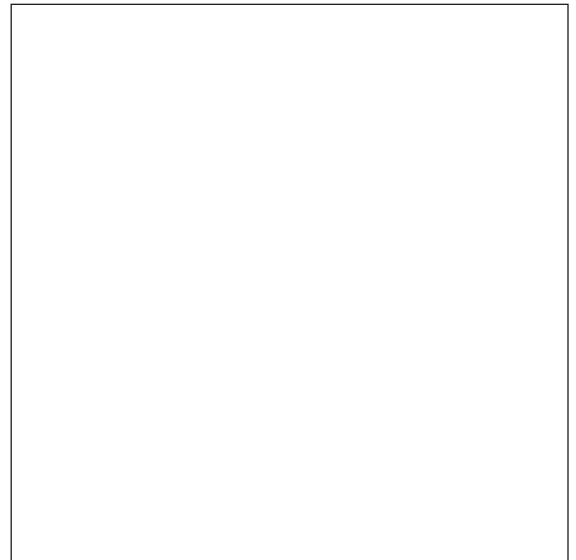
We Certify that the evaluations are based on our best judgements and that the test data recorded is an accurate record of the performance of the device on test.

SIGNATURE OF THE OFFICIAL OF THE AGENCY:

TITLE OF THE OFFICIAL:

DATE:

SIGNATURE AND SEAL OF THE REGISTERED PROFESSIONAL ENGINEER SUPERVISING THE LABORATORY EVALUATION:



PE SEAL

SIGNATURE:

*To insert images into document (PE seal and signatures)

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COMMENTS: