American Society of Sanitary Engineering

PRODUCT (SEAL) LISTING PROGRAM

ASSE STANDARD #1003 - REVISED: 2009
Water Pressure Reducing Valves for Domestic Water Distribution Systems

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. 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 1

1.0 General

1.1 Is the purpose of the device, as described by the manufacturer, as stated in this section?
○ Yes ○ No ○ Questionable

If questionable, explain: _____

1.2.1 Does the device conform to the product described in the standard? ○ Yes ○ No ○ Questionable

If questionable, explain: _____

1.2.2 Size _____inches (_____ mm)

1.2.3 Working pressure as noted by the manufacturer? _____ psi (_____kPa)
In compliance? ○ Yes ○ No

1.2.4 Temperature range as noted by the manufacturer:
_____ °F to _____ °F (_____ °C to _____ °C)

1.3.1 Does the design and construction of this device permit the inspection, cleaning, repair and servicing without removal from the pipe line? ○ Yes ○ No ○ Questionable
If questionable, explain: _____

SECTION II

2.0 Test Specimens

2.1 How many devices of each size and model were submitted by the manufacturer to the testing laboratory? _____

2.2 How many units were utilized during the laboratory evaluation?_____

If more than one (1) device was used during the evaluation, state why additional devices were necessary. _____

2.3 Were assembly drawings, installation instructions and all other data submitted by the manufacturer to enable a testing agency to determine compliance with this 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

3.1 Hydrostatic Test #1 of Complete Device

What was the supply pressure at the inlet? _____ psi (_____kPa)
What was the pressure on the reduced pressure side? _____ psi (_____kPa)
The test period was for_____ minutes.
Did the reduced pressure side, as indicated by gauge #2, remain steady during the test?
○ Yes ○ No

3.2 Hydrostatic Test #2 of Complete Device

What was the supply pressure at the inlet? _____ psi (_____kPa)
What was the pressure on the reduced pressure side? _____ psi (_____kPa)
The test period was for_____ minutes.
Were there any external leaks? ○ Yes ○ No

3.3 Temperature Range Test

State the temperature of the water utilized for this section:

- Hot Water _____ °F (_____ °C)
- Cold Water _____ °F (_____ °C)

Hot water was circulated through the device on test for a period of_____hours per day for a total of_____ days, or _____continuous hours.

At the end of the 80 hour hot water test, cold water was circulated through the device on test for a period of _____hours.

What was the flow rate used for the test? _____ GPM (_____L/m)
Were there any changes in the physical characteristics of the device on test? ○ Yes ○ No

3.4 Reduced Flowing Pressure Deviation Test

With a supply pressure of:
100.0 psi (689.5 kPa), the reduced flowing pressure was _____ psi (_____kPa)
150.0 psi (1034.2 kPa), what was the reduced pressure? _____ psi (_____kPa)
50.0 psi (344.7 kPa), what was the reduced pressure? _____ psi (_____kPa)

Was the reduced flowing pressure more than 1.0 psi (6.9 kPa) for every 10.0 psi (68.9 kPa) change in the supply pressure? ○ Yes ○ No

3.5 Minimum Reduced Pressure Test

What was the supply pressure at the inlet? _____ psi (_____kPa)
What was the flow rate through the device? _____ GPM (_____ L/m)
What was the reduced flowing pressure? _____ psi (_____kPa)
If the supply pressure could not be maintained at the manufacturer's rated pressure at the specified rate of flow, the reduced flowing pressure was adjusted to_____ psi (_____kPa) and the supply pressure reduced to_____ psi (_____ kPa). The flow rate was maintained at _____ GPM (_____ L/m).

Was a reduced flow pressure of 25.0 psi (172.4 kPa) or less , as allowed in accordance with Section 3.5.2, able to be attained? ○ Yes ○ No

3.6 Reduced Pressure Adjustment Range Test

What was the supply pressure at the inlet of the device on test?_____ psi (_____kPa)
What was the maximum reduced pressure attainable? _____ psi (_____kPa)
What was the minimum reduced pressure attainable? _____ psi (_____kPa)

Was a 25.0 psi (172.4 kPa) adjustment range attained? ○ Yes ○ No

3.7 Capacity Test

What was the inlet supply pressure used for this test: _____ psi (_____kPa)
The device was adjusted to maintain a set pressure of: _____ psi (_____kPa)
State the reduced pressure indicated at the Gauge #4: _____ psi (_____kPa)

When throttling valve #4 was opened, the reduced pressure dropped to:
_____ psi (_____kPa)
What was the flow rate through the device? _____ GPM (_____L/m)
In compliance? ○ Yes ○ No

3.8 By-Pass Relief Valve Opening Pressure Differential Test
(Only required for devices with by-pass relief valve)
What was the inlet supply pressure? _____ GPM (_____ L/m)
What was the pressure shown on Gauge #5? _____ psi (_____kPa)
What was the pressure differential between Gauges #3 and #4 when the relief valve started to open? _____ psi (_____kPa)

Did this pressure differential exceed 10.0 psi (68.9 kPa)? ○ Yes ○ No

SECTION IV

4.0 Detailed Results

4.1.1	Material in Contact with Water: In compliance?	○ Yes	○ No
4.1.2	Non-ferrous Cast Parts. In compliance?	○ Yes	○ No
4.1.3	Ferrous Cast Parts. In compliance?	○ Yes	○ No
4.1.4	Internal Non-Cast Parts. In compliance?	○ Yes	○ No
4.1.5	Stainless Steel of Nickel Alloys. In compliance?	○ Yes	○ No
4.1.6	Seat Ring. In compliance?	○ Yes	○ No
4.1.7	Springs - ASTM Grade. In compliance?	○ Yes	○ No
4.1.8	Springs - Corrosion Resistance. In compliance?	○ Yes	○ No
4.1.9	Screen Material. In compliance?	○ Yes	○ No
4.1.10	Bolts, Nuts and Screws. In compliance?	○ Yes	○ No
4.1.11	Pipe Threads. In compliance?	○ Yes	○ No

4.2.1 List the markings found on the test unit:
- (a) Manufacturer or Trademark:_____
- (b) Type and/or Model:_____
- (c) Maximum Working Pressure: _____
- (d) Maximum Water Temperature: _____
- (e) Directional Arrows:_____
- (f) Size of device: _____

Would these markings be visible in the installed position? ○ Yes ○ No

4.2.2 How were these markings shown on the device: _____

4.3.1 Were instructions for installation, adjustment and maintenance submitted with the device? ○ Yes ○ No

4.3.2 Did these instructions state that the device shall be installed in an accessible location and that a strainer is recommend upstream of the device? ○ 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:

SIGNATURE: _____

PE SEAL

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

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COMMENTS: