American Society of Sanitary Engineering

PRODUCT (SEAL) LISTING PROGRAM

ASSE STANDARD #1055 - REVISED: 2009

Chemical Dispensing 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 Application

Does the device comply with the application of this standard? ○ Yes ○ No ○ Questionable

If questionable, explain: _____

1.2. Scope

1.2.1 Description

Is the device classified as a Type "A" or Type "B"? ○ Type A ○ Type B

1.2.2 Pressure Range

State either the supply pressure range: _____ psi to _____ psi (_____ kPa to _____ kPa)

or the maximum pressure indicated by the manufacturer:

_____ psi to _____ psi (_____ kPa to _____ kPa)

1.2.3 Temperature Range

What is the temperature range as states by the manufacturer:

Minimum cold water: _____ °F to _____ °F (_____ °C to _____ °C)

Maximum hot water: _____ °F to _____ °F (_____ °C to _____ °C)

1.2.4 Means of Backflow Protection

Identify the means of backflow protection in the device on test: _____

_____

SECTION II

2.0 Test Specimens

2.1 Samples Submitted for Test

State the number of devices provided for the laboratory evaluation. _____

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

If more than one (1) device was used, state why an additional device was utilized: _____

_____

2.3 Drawings

Were assembly drawings and other technical data which are needed to determine compliance with this standard submitted to the laboratory? ○ Yes ○ No

Were these reviewed in the laboratory? ○ Yes ○ No

SECTION III

3.0 Performance Requirements and Compliance Testing

3.1 Non-Permanent or Hose Connection Means

Once the dispensing mode was stopped, how long did it take for the free flow of water to stop? _____ seconds.

What type of bleeding device is supplied with this unit? _____

What is the bleed rate at 20.0 psi (137.9 kPa)? _____ gpm (_____ l/m)

When the supply pressure is shut-off, the pressure at the faucet dropped to 0.0 psi (0.0 kPa) in _____ seconds.
In compliance? ○ Yes ○ No ○ Questionable
If questionable, explain: _____

3.2 Tipping

Is this dispenser a free standing device? ○ Yes ○ No
If yes, did the device return after each test to the upright position when tipped 10° from vertical in all four directions? ○ Yes ○ No
In compliance? ○ Yes ○ No ○ Questionable
If questionable, explain: _____

3.3 Deterioration at Extremes of Manufacturer's Rated Temperature and Pressure Ranges and Endurance Test

Was this device a cold water or hot water device? _____
Water at _____ °F (_____ °C) was circulated through the device at _____ psi (_____ kPa) for _____ continuous hours per day for a total of _____ days.
During this test period the device was cycled _____ times.

3.4 Pressure Test

What was the water pressure used for this test? _____ psi (_____kPa)
The test period was for _____ minutes.
Were there any leaks or damage to the device? ○ Yes ○ No

3.5 Back Pressure

Is this device designed to be used with a discharge hose? ○ Yes ○ No

At 6 inches of water applied to the outlet of the device, measure the quantity of water transmitted back into the transparent tube connected to the inlet of the device: _____ oz (_____ml)
How long was the test period? _____ minutes

At 24 inches of water applied to the outlet of the device, measure the quantity of water transmitted back into the transparent tube connected to the inlet of the device: _____ oz (_____ml)
How long was the test period? _____ minutes

At 10 feet of water applied to the outlet of the device, measure the quantity of water transmitted back into the transparent tube connected to the inlet of the device: _____ oz (_____ml)
How long was the test period? _____ minutes
In compliance? ○ Yes ○ No ○ Questionable
If questionable, explain: _____

3.6 Back-Siphonage

At a vacuum of at least 25 inches of mercury (84.7 kPa), what was the quantity drawn back into the water separator/sight glass? _____ oz (_____ml)
How long was the test period? _____ minutes
Was this test repeated three (3) times for each dispensing path? ○ Yes ○ No

SECTION IV

4.0 Detailed Results

4.1 Materials in Contact with Water

Were any solder or fluxes containing lead in excess of 0.2% or metal alloys in excess of 8% lead? ○ Yes ○ No ○ Questionable

If questionable, explain: _____

4.2 Markings and Installation Instructions

List the marking information shown on the device: _____

How were these markings applied: _____

4.3 Instructions

Were installation and operating instructions along with drawings or schematics submitted with the device? ○ Yes ○ No ○ Questionable

If questionable, explain: _____

4.4 Maintenance

Were maintenance, testing and repairing instructions submitted? ○ Yes ○ No ○ Questionable

If questionable, explain: _____

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

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COMMENTS: