

American Society of Sanitary Engineering  
Seal (Certification) Program

Factory Audit Inspection Test for:  
Dual Check Backflow Preventer

Tested under ASSE Standard 1024 • Revised: February, 2004  
Factory Audit Inspection Test

Manufacturer \_\_\_\_\_

Model No. \_\_\_\_\_

Address \_\_\_\_\_

Serial No. \_\_\_\_\_

Other Identification Markings \_\_\_\_\_

Size \_\_\_\_\_

3.3 Hydrostatic Leakage Tests of Check Valves

What was the pressure applied to the downstream side of the upstream check valve individually? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What was the pressure on the upstream side? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What was the pressure applied to the downstream side of the downstream check valve? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What was the pressure on the upstream side? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

The test period on each check valve was for \_\_\_\_\_ minutes.

Were there any leaks or rise in the water level of the sight glass?  Yes  No

3.5 Drip Tightness of Check Valves

3.5.2 Drip Tightness of Inlet Check Valve

What was the beginning level of the water in the sight glass? \_\_\_\_\_ inches (\_\_\_\_\_ mm)

The test period was for \_\_\_\_\_ minutes.

What was the final level of the water in the sight glass? \_\_\_\_\_ inches (\_\_\_\_\_ mm)  
In compliance?  Yes  No  Questionable

If questionable, explain: \_\_\_\_\_

3.5.3 Drip Tightness of Outlet Check Valve

What was the beginning level of the water in the sight glass? \_\_\_\_\_ inches (\_\_\_\_\_ mm)

The test period was for \_\_\_\_\_ minutes.

What was the final level of the water in the sight glass? \_\_\_\_\_ inches (\_\_\_\_\_ mm)  
In compliance?  Yes  No  Questionable

If questionable, explain: \_\_\_\_\_

**3.8 Dual Check Valve Integrity at Maximum Intermittent Rated Flow**

What is the pressure used for this test? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

The test period was for \_\_\_\_\_ minutes.

Were there any external leaks or other indications of damage?  Yes  No

Indicate the flow rate: \_\_\_\_\_ GPM (\_\_\_\_\_ L/min)

After this test was completed, was the device retested to Section 3.5?  Yes  No

In compliance?  Yes  No

TESTING AGENCY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TEST ENGINEER(S) \_\_\_\_\_

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.

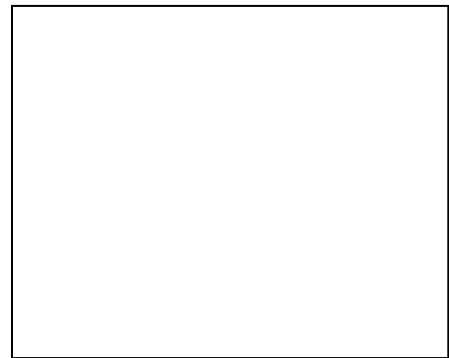
Signature of the official of the agency: \_\_\_\_\_

Title of the official: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and seal of the Registered Professional Engineer supervising the laboratory evaluation:

\_\_\_\_\_

Signature



Seal