

**American Society of Sanitary Engineering
Seal (Certification) Program**

**Factory Audit Inspection Test for:
Freeze Resistant Sanitary Yard Hydrant with Backflow Protection**

Tested under ASSE Standard 1057 • March, 2001

Manufacturer _____

Model No. _____

Address _____

Serial No. _____

Other Identification Markings _____

Size _____

3.5 Freeze Resistant Capabilities

What was the temperature of the cold chamber at a pressure of 138 kPa (20 psi)?

_____ °C (_____ °F)

After sixty (60) minutes at this temperature and at the full open position, what was the water discharge rate? _____ L/min (_____ GPM)

In compliance? Yes No

What was the temperature of the cold chamber at a pressure of 690 kPa (100 psi)?

_____ °C (_____ °F)

What was the water discharge at this temperature and the device full open?

_____ L/min (_____ GPM)

In compliance? Yes No

At any time during the test, did the device externally drain water below the ground level?

Yes No

In compliance? Yes No

3.8 Backflow Through Outlet Check Valve (All Types)

At 15 mm (6 inches), was there any loss in the sight glass or leakage through the outlet check valve? Yes No

Duration of test _____ minutes?

At 3 m (10 feet), was there any loss in the sight glass or leakage through the outlet check valve?

Yes No

Duration of test: _____ minutes.

In compliance? Yes No

3.11 Relief Of Intermediate Chamber Pressure (Types 1 and 2)

What was pressurization of the device? _____ kPa (_____ psi).

When the quick acting valve was opened, did the atmospheric vent open to discharge water?

Yes No

In compliance? Yes No

3.12 Backflow Prevention (Type 3, 4 and 5)

What was the pressurization of the device? _____ kPa (_____ psi).

When the quick acting valve was opened, did the atmospheric vent open to discharge water?

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