

**ASSE International
Product (Seal) Listing Program**

Factory Audit Inspection Test Report Form (FAITRF)

**ASSE 1069-2005
Automatic Temperature Control Mixing Valves**

Seal: _____ Laboratory: _____

Laboratory File Number: _____

Manufacturer: _____

Model # Tested: _____

Model Size: _____

Date models received by laboratory: _____ Date testing began: _____

Date testing was completed _____

If models were damaged during shipment, describe damages:

Were all tests performed at the selected laboratory? Yes No

If offsite, identify location: _____

Which sample from the audit is being tested in this report? First sample Second sample

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 Control Board. The Seal Control 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 III

3.0 Performance Requirements and Compliance Testing

3.1 High Temperature Conditioning Test

Cold water supply temperature: _____ °F (_____ °C)

Cold water supply pressure: _____ psi (_____ kPa)

Hot water supply temperature: _____ °F (_____ °C)

Hot water supply pressure: _____ psi (_____ kPa)

Device outlet temperature was adjusted to: _____ °F (_____ °C)

Water flowed through device for _____ min.

The maximum outlet temperature was: _____ °F (_____ °C)

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.4 Flow Rate and Pressure Drop Test

Set supply pressures to be equal.

Cold water supply temperature: _____ °F (_____ °C)

Cold water supply pressure: _____ psi (_____ kPa)

Hot water supply temperature: _____ °F (_____ °C)

Hot water supply pressure: _____ psi (_____ kPa)

Temperature differential between supplies: _____ °F (_____ °C)

Device outlet temperature set to: _____ °F (_____ °C)

Maximum advertised pressure loss per manufacturer: _____ psi (_____ kPa)

Minimum advertised pressure loss per manufacturer: _____ psi (_____ kPa)

Set the outlet pressure to be equal to the supply pressure minus the average of the advertised pressure losses per the manufacturer.

Output pressure: _____ psi (_____ kPa)

Output flow rate: _____ GPM (_____ L/min)

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.6 Cold Water Supply Failure Test

Cold water supply temperature: _____ °F (_____ °C)

Cold water supply pressure: _____ psi (_____ kPa)

Hot water supply temperature: _____ °F (_____ °C)

Hot water supply pressure: _____ psi (_____ kPa)

Temperature differential between supplies: _____ °F (_____ °C)

Device outlet temperature set to: _____ °F (_____ °C)

Output flow rate set to: _____ GPM (_____ L/min)

Cold water supply closed within _____ sec.

Flow rate when output temperature reached 120.0 °F (48.9 °C): _____ GPM (_____ L/min)

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.8 Hydrostatic Pressure Test

Open the seating member(s).

Device pressurized to: _____ psi (_____ kPa), for a total of _____ min.

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

LISTED LABORATORY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

If applicable:

OUTSOURCED LABORATORY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

Scope of outsourced testing: _____

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 listed laboratory: _____

Signature

Title of the official: _____ Date: _____