

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

**Factory Audit Inspection Test for:  
Automatic Temperature Control Mixing Valves**

**Tested in accordance with ASSE Standard #1069 • ASSE: 2005**

**Manufacturer** \_\_\_\_\_

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

**Address** \_\_\_\_\_

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

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

**Size** \_\_\_\_\_

**3.0 Performance Requirements and Compliance Testing**

**3.1 High Temperature Conditioning Test**

What inlet pressures were used for this test?

Hot side: \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

Cold side: \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What inlet temperatures were used for this test?

Hot side: \_\_\_\_\_ °F (\_\_\_\_\_ °C)

Cold side: \_\_\_\_\_ °F (\_\_\_\_\_ °C)

What was the maximum outlet temperature? \_\_\_\_\_ °F (\_\_\_\_\_ °C)

**3.4 Flow Rate and Pressure Drop Test**

With a minimum temperature differential of 80.0°F (44.0°C) between the incoming hot and cold water supplies and with the device set to supply water at the mid-point of the incoming supply temperatures was the flow rate at least 90% of the manufacturer's published flow rate at the corresponding pressure drop?

Yes  No  Questionable

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

In compliance?  Yes  No

**3.6 Cold Water Supply Failure Test**

What was the hot water supply pressure? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What was the cold water supply pressure? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What was the outlet temperature at T3? \_\_\_\_\_ psi (\_\_\_\_\_ kPa)

What was the flow rate? \_\_\_\_\_ GPM (\_\_\_\_\_ L/min)

Did the device reduce the flow to 0.5 GPM (1.91 L/Min) or less for devices 3/4 inch (19.0 mm) and smaller or 1.0 gpm (3.8 L/Min) or less for the devices larger than 3/4 inch (19.0 MM) prior to the outlet temperature at T3 exceeding 120.0 F (48.9 C)?

Yes  No

In compliance?  Yes  No  Questionable

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

**3.8 Hydrostatic Pressure Test**

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

How long was the test conducted? \_\_\_\_\_ minutes

Was there any leakage from the device?  Yes  No

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

ADDRESS \_\_\_\_\_

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

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

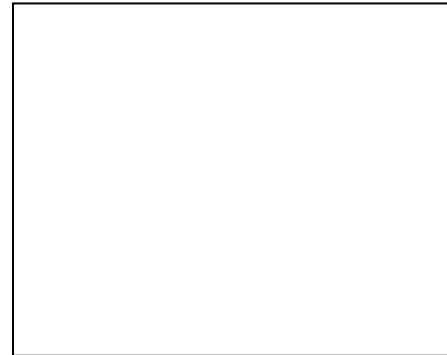
We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

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