

**Charlevoix County Department of Building Safety**

**301 State Street Suite #5**

**Charlevoix Michigan 49720**

**Phone: 231-547-7236 Fax: 231-547-7250**

**Website: [www.charlevoixcounty.org](http://www.charlevoixcounty.org)**

**Field test report for ASSE 1020 PVB**

**Owner of property:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Occupant of Property (if different from owner):** \_\_\_\_\_

**Occupant address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Manufacturer of Device:** \_\_\_\_\_ **Size of device:** \_\_\_\_\_

**Model #:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Location of assembly/equipment or system application:** \_\_\_\_\_

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**Test equipment:**

**Manufacturer:** \_\_\_\_\_ **Calibration date:** \_\_\_\_\_

**Model #:** \_\_\_\_\_ **Serial #:** \_\_\_\_\_

**Tester information:**

**License #:** \_\_\_\_\_ **Certification #:** \_\_\_\_\_

**Certified tester (print):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Complete second page on back of form.**

Initial test: Date test was performed: \_\_\_\_\_

Time test was performed: \_\_\_\_\_ Static line pressure: \_\_\_\_\_

Air inlet valve :                      Check valve #1                      Shutoff valve #2

Failed to open: \_\_\_\_\_              Leaking: (    )                      Leaking: (    )

Opened at psid: \_\_\_\_\_              Closed tight: (    )                      Closed tight: (    )

Pressure drop across

Check valve # 1 psid: \_\_\_\_\_

Describe parts and repairs when needed: \_\_\_\_\_

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Retest assembly if repairs are required.

Final test: Assembly test performance: Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments or Recommendations: \_\_\_\_\_

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