

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

Field test report for ASSE 1013 RPZ

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: _____

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: _____

Check valve # 2: Shut-off valve # 2 Check valve # 1

Leaking: () Leaking: () Leaking: ()

Closed tight: () Closed tight: () Closed tight: ()

Pressure drop across check valve # 1

Psid: _____

Pressure differential relief valve

Opened at psid: _____

Describe parts and repairs when needed: _____

Retest assembly if repairs are required.

Final test: Assembly test performance: Pass: _____ Fail: _____

Comments or Recommendations: _____
