

**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 1015 Double Check-Valve Assemblies**

**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 # 1:	Check valve # 2	Shutoff valve #2
Leaking: ( )	Leaking: ( )	Leaking: ( )
Psid: _____	Psid: _____	Closed tight: ( )
Closed tight: ( )	Closed tight: ( )	

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

---

Retest assembly if repairs are required.

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

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

---