



400 Jones Ferry Rd
Carrboro, NC 27510

Customer Name: _____

Service Address: _____

Device Location: _____

Base Meter Number: _____

REQUIRED

Line Pressure at Time of Test: _____

Bypass Meter Reading: _____

Asset # (UNC ONLY): _____

DEVICE INFORMATION			
<input type="checkbox"/> New Device	<input type="checkbox"/> Reinspection	<input type="checkbox"/> Replacement	
SERIAL #:			
MANUFACTURER:			
SIZE:			
MODEL:			
<input type="checkbox"/> Domestic Meter	<input type="checkbox"/> Fire Meter	<input type="checkbox"/> Fire Bypass	<input type="checkbox"/> Irrigation
<input type="checkbox"/> RPZ	<input type="checkbox"/> RPDA	<input type="checkbox"/> DCDA	<input type="checkbox"/> DC <input type="checkbox"/> PRV

For Irrigation Systems:
Is the system equipped with a rain or soil moisture sensor?
Is the system equipped with an automatic controller?

INITIAL TEST	CHECK VALVE #1		CHECK VALVE #2		DIFFERENTIAL RELIEF VALVE		AIR INLET VALVE	
	HELD AT LEAKED	PSID <input type="checkbox"/>	HELD AT CLOSED TIGHT LEAKED	PSID <input type="checkbox"/> <input type="checkbox"/>	OPENED AT DID NOT OPEN	PSID <input type="checkbox"/>	OPENED AT DID NOT OPEN	PSID <input type="checkbox"/>
R	CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>	CLEANED	<input type="checkbox"/>
E	REPLACED:		REPLACED:		REPLACED:		REPLACED:	
P	DISC	<input type="checkbox"/>	DISC	<input type="checkbox"/>	DISC		DISC	<input type="checkbox"/>
A	SPRING	<input type="checkbox"/>	SPRING	<input type="checkbox"/>	UPPER	<input type="checkbox"/>	DIAPHRAGM	<input type="checkbox"/>
I	GUIDE	<input type="checkbox"/>	GUIDE	<input type="checkbox"/>	LOWER	<input type="checkbox"/>	FLOAT	<input type="checkbox"/>
R	PIN RETAINER	<input type="checkbox"/>	PIN RETAINER	<input type="checkbox"/>	SPRING	<input type="checkbox"/>	SPRING	<input type="checkbox"/>
S	HINGE PIN	<input type="checkbox"/>	HINGE PIN	<input type="checkbox"/>	DIAPHRAGM	<input type="checkbox"/>	SEAT	<input type="checkbox"/>
	SEAT	<input type="checkbox"/>	SEAT	<input type="checkbox"/>	BUFFER _____		OTHER	<input type="checkbox"/>
	DIAPHRAGM	<input type="checkbox"/>	DIAPHRAGM	<input type="checkbox"/>	OTHER	<input type="checkbox"/>		
	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>				
	COMMENTS:							
FINAL TEST	HELD AT	PSID	HELD AT	PSID	OPENED AT	PSID	OPENED AT	PSID
			CLOSED TIGHT	<input type="checkbox"/>				

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

_____ INITIAL TEST BY (SIGNATURE)	_____ PRINT NAME OF TESTER COMPANY	() PHONE NUMBER	_____ CERT. TESTER NO.	_____ MO.	_____ DAY	_____ YR.
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_____ REPAIRED BY (PRINT NAME)	_____ MO.	_____ DAY	_____ YR.
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_____ FINAL TEST FOR REPAIR (SIGNATURE)	_____ PHONE NUMBER	()	_____ CERT. TESTER NO.	_____ MO.	_____ DAY	_____ YR.
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Test Kit: _____ Serial Number _____ Certified Date: _____

This Assembly: PASSED FAILED