



American Society of Sanitary Engineering  
 Double Check Backflow Prevention Assembly (DC)  
 ASSE Standard #1015 Field Test Report

Owner of Property: \_\_\_\_\_

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

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Manufacturer of Device: \_\_\_\_\_ Model #: \_\_\_\_\_

Size of Device: \_\_\_\_\_

Location of Assembly and Equipment or System Application: \_\_\_\_\_

Test Equipment:

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Date Test Performed: \_\_\_\_\_ Time Test Performed: \_\_\_\_\_ Static Line Pressure: \_\_\_\_\_

	Check Valve #1	Check Valve #2	Shutoff Valve #2
<b>Initial Test</b>	Leaking ( ) psid _____ Closed Tight ( )	Leaking ( ) psid _____ Closed Tight ( )	Leaking ( ) Closed Tight ( )
<b>Describe parts and repairs when needed</b>			
<b>Final Test</b>	Leaking ( ) psid _____ Closed Tight ( )	Leaking ( ) psid _____ Closed Tight ( )	Leaking ( ) Closed Tight ( )

Certified Tester (print): \_\_\_\_\_

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

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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

Assembly Final Test  
Performance

PASS

FAIL

Comments or Recommendations (continue to other side, if needed): \_\_\_\_\_