



Please return to: Jefferson Water & Sewer District
 6455 Taylor Rd
 Blacklick, OH 43004
 Fax: 614-864-9192
 Email: customerservice@jwsd.org

Customer's Name _____ Phone #: _____

Service Address _____

Device Information

(PRINT CLEARLY. IF FORM IS NOT READABLE, WE WILL NOT EXCEPT.)

New Installation Existing Replacement

Type of Assembly **DCA** **RPZ** **PVB** **AIR GAP** **Low Pressure Cut Off**

Make: _____ Model: _____ Size: _____ Serial #: _____

Describe location of assembly: _____

What hazard is being protected? (i.e. boiler, irrigation, complete building): _____

	Double Check Assembly			Reduced Pressure Zone Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	____psid	Pass <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/>
	1st Check Valve	____psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/>
	2nd Check Valve	____psid	Pass <input type="checkbox"/>	2nd Check Valve	____psid	Pass <input type="checkbox"/>	Low Pressure Cut Off		
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>		Fail <input type="checkbox"/>
Repairs & Materials Used									
Re-Test After Repairs	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	____psid	Pass <input type="checkbox"/>	Air Inlet Valve	____psig	Pass <input type="checkbox"/>
	1st Check Valve	____psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	____psid	Pass <input type="checkbox"/>	Check Valve	____psig	Pass <input type="checkbox"/>
	2nd Check Valve	____psid	Pass <input type="checkbox"/>	2nd Check Valve	____psid	Pass <input type="checkbox"/>	AIR GAP INSPECTION:		
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Does the assembly meet proper piping installation requirements? YES NO

Assembly PASSED (____) FAILED (____) *NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 10 DAYS.

Comments: _____

Tester's Name (Printed): _____ Cert. # _____ Expires: _____

Tester's Company Name: _____ Phone #: _____

Tester's Signature: _____ Date: _____