American Society of Sanitary Engineering PRODUCT (SEAL) LISTING PROGRAM Factory Audit Inspection Test Report



ASSE STANDARD #1047 · REVISED: 2011 Reduced Pressure Detector Fire Protection Backflow Prevention Assemblies

ABORATORY FILE NUMBER:					
LISTEE:					
SEAL #:					
MODEL # TESTED:					
ADDITIONAL MODEL INFORMATION (i.e. orientation, series, end connections, shut-off valves):					
NUMBER OF SAMPLES SUBMITTED:	NUMBER OF SAMPLES TESTED:				
DATE TESTING BEGAN:					
DATE TESTING COMPLETED:					

General information and instructions for the testing engineer:

The results within this report apply only to the models listed above.

There may be items for which the judgment of the test engineer will be involved. Should there be a question of compliance with that provision of the standard, a conference with the manufacturer should be arranged to enable a satisfactory solution of the question.

Should disagreement persist and compliance remain in question by the test agency, the agency shall, if the product is in compliance with all other requirements of the standard, file a complete report on the questionable items together with the test report, for evaluation by the ASSE Seal Board. The Seal Board will then review and rule on the question of compliance with the intent of the standard then involved.

Documentation of material compliance must be furnished by the manufacturer. The manufacturer shall furnish to the testing agency, a bill of material which clearly identifies the material of each part included in the product construction. This identification must include any standards which relate thereto.





FIRST SAMPLE TEST RESULTS

SECTION III 3.0 Performance Requirements and Compliance Testing 3.2 Hydrostatic Test of Complete Assembly psi (The assembly was pressurized to: kPa) The test period was for: minutes Were there any leaks or indications of damage to the assembly? O Yes O No O Questionable If questionable, explain: 3.6 Allowable Pressure Loss at Rated Flow $\bigcap NO$ O Yes Was the assembly installed per Figure 1? If no, explain: What was the rated water flow for the assembly? GPM L/s) kPa) What was the supply pressure used for this test? psi What pressure loss through the piping system (if any) was deducted? kPa) psi (What was the pressure loss observed at flows of: **GPM** L/s (kPa) psi 05.0 0.32 10.0 0.63 15.0 0.95 20.0 1.26 25.0 1.58 30.0 1.89 35.0 2.21 40.0 2.52 45.0 2.84 50.0 3.15 What was the pressure loss at: 150% of Rated Flow kPa) psi kPa) 200% of Rated Flow psi What was the maximum pressure loss observed at flows from (0) GPM to rated flow (both ascending and descending)? kPa) psi (O Yes O No Was there any discharge from the relief valve during the flow test? Did the pressure drop generally increase from static up to a flow of 50.0 GPM (3.15 L/s) with a maximum total downward deviation of 10% from the highest value at any point? O Yes O No Was there any damage or permanent deformation of the internal components of the assembly? O No O Yes Was the assembly on test in complete compliance with the criteria of Section 3.6? O_{No} () Yes





3.10 Drip Tightness of First Check

What was the static pressure differential across the first check for the following line pressures:

psi	(kPa)	psi	kPa
20	137.9		
30	206.9		
40	275.8		
50	344.8		
60	413.7		
70	482.7		
80	551.6		
90	620.6		
100	689.5		
110	758.5		
120	827.4		
130	896.4		
140	965.3		
150	1034.3		
160	1103.2		
170	1172.2		
180	1241.2		
190	1310.1		
200	1379.1		

Were these pressure differentials at least 3.0 psi (20.7 kPa) greater than the pressure differential between the inlet line pressure and the zone pressure required to open the relief valve as determined in Section 3.8? O Yes O No

3.11	Drip Tightness of the Second Check Indicate the initial height of water in the sight glass at test cock #3:	_inches (mm)
	Indicate the initial height of water in the sight glass at test cock #4:	inches (mm)
	The test period was for: minutes. What was the final height difference in the water levels between the sight g #3 and #4?	glasses at test co inches (
3.14	Relief Valve Discharge With Positive Supply Pressure What was the rated flow (per table 2) through the relief valve for the size o	f the device on t	test?
	G	PM (_ L/s)
	What was the supply pressure?p	si (_kPa)
	What was the intermediate chamber pressure?p	si (_kPa)
	What was the recorded discharge flow rate from the relief valve? GP	VI () IV	_ L/s)





SECOND SAMPLE TEST RESULTS*

*A second sample shall only be tested if the first sample failed the necessary test sections. **SECTION III**

3.0 3.2			and Compliand	•				
		bly was pre				psi	(kPa)
	The test pe	eriod was fo	er:	minutes	\sim	\sim	\frown	
			or indications of n:		e assembly? O Y	es O No	o O Que	stionable
3.6	Allowable	Pressure Lo	ss at Rated Flov	v				
	Was the as	ssembly inst	alled per Figure	1?			O Yes	O No
	lf no, expla	ain:						
	What was	the rated w	ater flow for the	e assembly?		GPM	(L/s)
			pressure used fo			psi	(kPa)
	What press	sure loss th	ough the piping	system (if any) was deducted?		(k Po)
						psi	(KFa)
	What was	the pressur	e loss observed	at flows of:	_			
	GPM	L/s	psi	(kPa)				
	05.0	0.32						
	10.0	0.63	ļ	ļ				
	15.0	0.95						
	20.0	1.26			4			
	25.0	1.58			_			
	30.0	1.89			_			
	35.0	2.21			_			
	40.0	2.52			4			
	45.0	2.84			4			
	50.0	3.15						
	What was	the pressure	e loss at:					
	150% of R	Rated Flow				psi	(kPa)
	200% of R	Rated Flow				psi	(kPa)
	What was	the maximu	m pressure loss	s observed at fl	ows from (0) GPI	M to rate	d flow (b	oth as-
		nd descendir						
	Was there	any dischar	ge from the reli	ef valve during	the flow test?		O Yes	O No
					up to a flow of 50 e highest value at			
	Was there	any damage	e or permanent	deformation of	the internal com		of the ass O Yes	embly? O No
	Was the as	ssembly on	test in complete	e compliance w	ith the criteria of			
							O Yes	O No





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	What was the intermediate chamber pressure?p	si (_kPa)
	What was the recorded discharge flow rate from the relief valve? GP	VI () IV	_ L/s)



TESTING AGENCY:		
ADDRESS:		
PHONE:	FAX:	
TEST ENGINEERS:		

We Certify that the evaluations are based on our best judgements and that the test data recorded is an accurate record of the performance of the device on test.

SIGNATURE OF THE OFFICIAL OF THE AGENCY: _____

TITLE OF THE OFFICIAL: _____

SIGNATURE AND SEAL OF THE REGISTERED PROFESSIONAL ENGINEER SUPERVISING THE LABORATORY EVALUATION:

SIGNATURE: _____

DATE:_____

PE SEAL

*To insert images into document (PE seal and signatures)

COMMENTS:

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