

**American Society of Sanitary Engineering
Seal (Certification) Program**

**Factory Audit Inspection Test for:
Individual Balancing In-Line Valves for Individual Fixture Fittings**

Tested in accordance with ASSE Standard #1066 • ASSE: 1997

Manufacturer _____

Model No. _____

Address _____

Serial No. _____

Other Identification Markings _____

Size _____

Connections (screwed, etc.) _____

3.3 Hydrostatic Pressure Test

What was the test pressure utilized for this test? _____ kPa (_____ p.s.i.)

How long was the duration of the test at steps 3, 4, and 5?

At step 3: _____ minutes

At step 4: _____ minutes

At step 5: _____ minutes

Were there any indications of leakage, damage or distortion of the device?

Yes No

In compliance?

Yes No Questionable

If questionable, explain: _____

3.4 Flow Rate Test

Record the flow rates for the following differential pressures:

at 69 kPa (10 p.s.i.): _____ L/min (_____ GPM)

at 138 kPa (20 p.s.i.): _____ L/min (_____ GPM)

at 276 kPa (40 p.s.i.): _____ L/min (_____ GPM)

at 414 kPa (60 p.s.i.): _____ L/min (_____ GPM)

at 552 kPa (80 p.s.i.): _____ L/min (_____ GPM)

Were each differential pressure held for three (3) minutes or longer? Yes No

Were any flow rates 10% lower than shown in Table 1 or the manufacturer's published values? Yes No

In compliance?

Yes No Questionable

If questionable, explain: _____

3.8 Cross Flow Test

Was there any leakage at any time during the cross flow tests? Yes No

In compliance?

Yes No Questionable

If questionable, explain: _____

TESTING AGENCY _____

ADDRESS _____

PHONE: _____ FAX: _____

TEST ENGINEER(S) _____

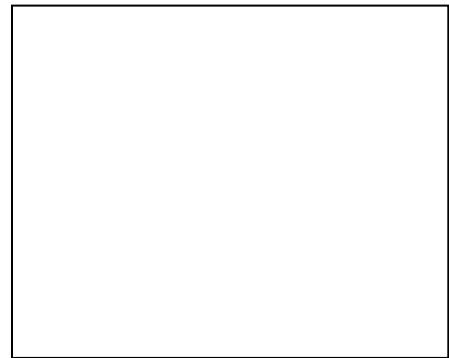
We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

Signature of the official of the agency: _____

Title of the official: _____ Date: _____

Signature and seal of the Registered Professional Engineer
supervising the laboratory evaluation:

Signature



Seal