**University of Florida TREEO Center**

**TEST AND MAINTENANCE REPORT**

**CUSTOMER:**

**STREET ADDRESS:**

**MAILING ADDRESS:**

**LOCATION OF ASSEMBLY:**

**TYPE OF ASSEMBLY:**
- [ ] RP
- [ ] DC
- [ ] PVB
- [ ] SVB
- [ ] SIZE: ________

**MANUFACTURER:**

**MODEL:**

**SERIAL NO:**

**GAUGE MANUF:**

**SERIAL #:**

**DATE CALIBRATED:**

<table>
<thead>
<tr>
<th>Check Valve #1</th>
<th>Relief Valve</th>
<th>Check Valve #2</th>
<th>PVB or SVB</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  leaked or □ closed tight</td>
<td>opened at: ________ psi</td>
<td>□ leaked or □ closed tight</td>
<td></td>
</tr>
<tr>
<td>□  leaked or □ closed tight</td>
<td>□  leaked or □ closed tight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>differential pressure across check valve ______ psi</td>
<td>Air Inlet: did not open □ or opened at ______ psi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□  leaked or □ closed tight</td>
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<td>□ leaked or □ closed tight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replaced: Rubber parts kit □ CV assembly kit □ Seat kit □ Other □</td>
<td>Replaced: Rubber parts kit □ CV assembly kit □ Seat kit □ Other □</td>
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</tr>
</tbody>
</table>

**OPTIONAL TEST**

**Outlet shut-off valve:**
- [ ] leaked □ closed tight

**differential pressure across check valve ______ psi**

**Inlet shut-off valve:**
- [ ] leaked □ closed tight

**Outlet shut-off valve:**
- [ ] leaked □ closed tight

**differential pressure across check valve ______ psi**

**Relief valve opened at ______ psi**

**leaked or □ closed tight**

**leaked or □ closed tight**

**Air inlet ______ psi**

**check valve ______ psi**

**NOTE:** All repairs shall be completed within five (5) working days.

**REMARKS:**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

**TESTER:**

**CERT. No:**

**DATE:**

**RE-CERT Due Date:**

**TIME:**

**This Assembly:**
- [ ] PASSED
- [ ] FAILED