

**ASSE International
Product (Seal) Listing Program**

Factory Audit Inspection Test Report Form (FAITRF)

ASSE 1057-2012

Freeze Resistant Sanitary Yard Hydrant with Backflow Protection

Seal: _____ Laboratory: _____

Laboratory File Number: _____

Manufacturer: _____

Model # Tested: _____

Model Size: _____

Date models received by laboratory: _____ Date testing began: _____

Date testing was completed _____

If models were damaged during shipment, describe damages:

Were all tests performed at the selected laboratory? Yes No

If offsite, identify location: _____

Which sample from the audit is being tested in this report? First sample Second sample

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 Control Board. The Seal Control 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.

Section III

3.0 Performance Requirements and Compliance Testing

3.5 Freeze Resistance Capabilities

Was the device installed such that the frost plane is inside the environmental chamber?

Yes No Questionable

If questionable, explain: _____

Maximum environmental chamber temperature: _____°F (_____°C)

Minimum environmental chamber temperature: _____°F (_____°C)

Water supply temperature: _____°F (_____°C)

Was the device winterized per the manufacturer's instructions?

Yes N/A Questionable

If questionable, explain: _____

Time in environmental chamber: _____min

Test #1 – Low pressure

Water supply pressure: _____psi (_____kPa)

Flow rate of water when device is activated in the chamber: _____GPM (_____L/s)

Test #2 – High pressure

Water supply pressure: _____psi (_____kPa)

Flow rate of water when device is activated in the chamber: _____GPM (_____L/s)

Did any water externally drain below ground level?

Yes No Questionable

If questionable, explain: _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.8 Backflow through Outlet Check Valve

Were the atmospheric vents closed?

Yes No Questionable N/A

If questionable, explain: _____

Water level in sight glass initially raised to: _____in (_____cm)

Held for _____min

Water level in sight glass then was raised to: _____ft (_____m)

Held for _____min

Was there any loss in water level of the sight glass?

Yes No Questionable

If questionable, explain: _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.11 Relief of Intermediate Chamber Pressure (Type 1 and Type 2)

After the device is purged of air,

Valve #1 is Open Closed

Valve #2 is Open Closed

Pressure at the inlet of the device: _____psi (_____kPa)

Valve #1 is Open Closed

Open quick-acting valve.

Did the atmospheric vent(s) open? Yes No Questionable

If questionable, explain _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

3.12 Backflow Prevention (Type 3, Type 4 and Type 5)

Nominal inside diameter of hose: _____in (_____cm)

Hose length: _____in (_____cm)

Device pressurized to: _____psi (_____kPa)

Water supply temperature: _____°F (_____°C)

Did the atmospheric vent(s) open? Yes No Questionable

If questionable, explain _____

Is the device in compliance with this section? Yes No Questionable

If no or questionable, explain _____

LISTED LABORATORY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

If applicable:

OUTSOURCED LABORATORY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

TEST ENGINEER(S): _____

Scope of outsourced testing: _____

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 listed laboratory: _____

Signature

Title of the official: _____ Date: _____