

Manufacturer: _____
Model: _____

Date of Test: _____
Tested by: _____

CHECK VALVE or VALVE ASSEMBLY LABEL (IDAPA 02.03.03. 966.03)

The following items must be labeled (in a durable fashion), on the body of the valve prior to laboratory certification;

1. Manufacture's Name:
2. Model #:
3. Working Pressure (pounds per square inch):
4. Maximum Rate of Flow (gallons per minute):
5. Direction of Flow:

MATERIAL SPECIFICATIONS

SPRING _____ BODY _____
CLAPPER _____ MISC _____
SEAT _____

LEAK TESTS (IDAPA 02.03.03. 966.04)

1. HIGH PRESSURE TEST:

Date: _____ Time: _____

(1 minute – 300 PSI minimum or 2 times the manufacturer's rated pressure, whichever is greater.)

Manufacturer's Rated Pressure: _____ Tested Pressure: _____

HIGH PRESSURE TEST PROCEDURES: _____

LEAKAGE NOTED: _____

