



RPZ FORM

Occupant: _____ Contact Name: _____
Site Address: _____ Contact Phone: _____
Owner: _____ Contact Address: _____
Contact City, St., Zip: _____

Device Location: _____ Serves What System: _____
Make: _____ Model: _____ Size: _____ Serial #: _____

Test Date: _____ Install date: _____
Current Rebuild Date: _____ Next Rebuild Due Date: _____

<u>Check Valve #1</u>	<u>Check Valve #2</u>	<u>Pressure Differential</u>
Leaked _____	Leaked _____	Relief Valve Opened at
Closed _____	Closed _____	_____ PSI

Describe repairs: _____

Tag signed and dated _____

The above is certified correct.

Signature: _____ Certification Number: _____
Tested by (Print Name): _____ License Number: _____
Company Name: _____ Phone Number: _____