



# Double Check/DC Detector Performance Test

Safety and Buildings Division  
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<http://www.dsps.wi.gov/SB/>

Personal information you provide may be used for secondary purposes [Privacy Law, s.1504 (1)(m)].

**OWNER INFORMATION** Please print clearly in ballpoint pen. Additional information on back page.

Owner Name			Street Address		
City	State	Zip Code	Owner's Contact Person	Telephone Number (      )	

**FACILITY INFORMATION**

Facility Name			Street Address		
City	Zip Code		County		

Assembly Location					
Manufacturer			Model		Serial Number

Size \_\_\_\_\_ Assembly Type  DC  DC Detector

**INITIAL TEST**

<u>First check</u>		<u>Second check</u>	
<input type="checkbox"/> Closed tight		<input type="checkbox"/> Closed tight	
<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked	
Static _____ PSID		Static _____ PSID	

**FINAL TEST**

<input type="checkbox"/> Closed tight		<input type="checkbox"/> Closed tight	
Static _____ PSID		Static _____ PSID	

**DETECTOR BYPASS ASSEMBLY INITIAL TEST**

<u>First check</u>		<u>Second check</u>	
<input type="checkbox"/> Closed tight		<input type="checkbox"/> Closed tight	
<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked	
Static _____ PSID		Static _____ PSID	

**DETECTOR BYPASS ASSEMBLY FINAL TEST**

<input type="checkbox"/> Closed tight		<input type="checkbox"/> Closed tight	
Static _____ PSID		Static _____ PSID	

**ASSEMBLIES IN FIRE PROTECTION SYSTEMS**

Note: Include hose stream demand where applicable

Forward Flow Test

Designed flow rate \_\_\_\_\_ GPM Actual flow rate \_\_\_\_\_ GPM

Indicating Control Valves

No. one control valve open  No. two control valve open Valve supervision:  Tamper switch  Locked

Part (s) Replaced/Comments \_\_\_\_\_

I HEREBY CERTIFY THE TEST RESULTS ARE TRUE AND THE TEST WAS CONDUCTED BY ME PERSONALLY.

Tester Name (print) \_\_\_\_\_ Registration No. \_\_\_\_\_ Time of Day \_\_\_\_\_

Tester Signature \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_

## **Owner Information**

The backflow preventer is a mechanical device designed to protect the potable water supply system from being contaminated. There is a physical connection to equipment or water of either unknown or questionable quality, thereby requiring the installation of the backflow preventer. In order to ensure that this device is working as designed, it must be periodically tested.

**A test shall be conducted on each backflow preventer prior to it being put into service, after any repairs, and a minimum of once a year thereafter.**

It is the responsibility of the owner to make sure the device is tested. The test shall be performed by a department registered Cross Connection Control Device tester.

**Owner's Contact Person:** The owner's contact person is the name of the person responsible for the backflow preventer maintenance and records. **(Note: Please provide full name.)**

## **Old Valve Replacement Information**

If this test is for a replacement valve, please include all information for the replacement valve on this form. The manufacturer, model no., serial no., size, and the assembly type of the "old" valve must included on the comment line of this form.

## **Double Check Valves and Double Detector Check Valves Installed in Fire Protection Systems**

A copy of this completed test must be attached to or located near the double check valve or double detector check valve.

## **Minimum Requirements for Passing Test**

### **DC and DC Detector**

- The first check must close tight, and have a minimum static 1 PSID.
- The second check must close tight, and have a minimum static 1 PSID.

Do not send a copy of this report to the Safety and Buildings Division. Copies of this report shall be distributed to the following: owner, purveyor, and tester.