Wisconsin Department of Safety and Professional Services Division of Industry Services 1400 East Washington Avenue PO Box 7302 Madison WI 53707-7302



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Scott Walker, Governor Laura Gutierrez, Secretary

## Air Admittance Valve (AAV) Test Report

This form is required to be submitted to Industry Services for all AAV's that fail the initial test.

(fill in all applicable information)

Name of Project:			
Address of Project: _			
Installing plumber: _		Credential #	
Witnessed by:   Ir	nspector	Tester	
Inspection Municipa	lity	AAV Test Date:	
Inspector Day Phone	e:	Plumber's Day Phone:	
Type of tester used:	Dwyer Mark II	Cherne (glass U tube) Other (describe)	
Complete the following	table reporting th	e results of the initial test:	
Manufacturer	Model	# failed	
Studor			
Studor			
Ferguson/Pro Flo			
Oatey Sure-Vent			
Ayrlett			
Rectorseal			
Canplas			
Other comments?			

AAV's that fail the test shall be marked with an "X" and shall be returned to the distributor's representative with a completed copy of this report.

When you are finished filling out the form please forward it to address on the top of form.