

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

**ASSE 1003-2020  
Water Pressure Reducing Valves for Domestic Water Distribution  
Systems**

**Manufacturer:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Laboratory:** \_\_\_\_\_ **Laboratory File Number:** \_\_\_\_\_

**Model # Tested:** \_\_\_\_\_

**Model Size:** \_\_\_\_\_

**Additional models report applies to:** \_\_\_\_\_

**Additional Model Information (i.e. orientation, series, end connections, shut-off valves)**

\_\_\_\_\_

**Date models received by laboratory:** \_\_\_\_\_ **Date testing began:** \_\_\_\_\_

**Date testing was completed** \_\_\_\_\_

**If models were damaged during shipment, describe damages:**

\_\_\_\_\_

**Prototype or production sample?** \_\_\_\_\_

**Were all tests performed at the selected laboratory?**  Yes  No

**If offsite, identify location:** \_\_\_\_\_

**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 1**

**1.0 General**

- 1.1 Is the purpose of the device, as described by the manufacturer, as stated in this section?  
 Yes     No     Questionable  
 If questionable, explain: \_\_\_\_\_
- 1.2.1 Does the device conform to the product described in the standard?     Yes     No  
 Questionable  
 If questionable, explain: \_\_\_\_\_
- 1.2.2 Size \_\_\_\_\_ inches ( \_\_\_\_\_ mm)
- 1.2.3 Working pressure as noted by the manufacturer? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
 In compliance?     Yes     No
- 1.2.4 Temperature range as noted by the manufacturer:  
 \_\_\_\_\_ °F to \_\_\_\_\_ °F ( \_\_\_\_\_ °C to \_\_\_\_\_ °C)
- 1.3.1 Does the design and construction of this device permit the inspection, cleaning, repair and servicing without removal from the pipe line?     Yes     No     Questionable  
 If questionable, explain: \_\_\_\_\_

**SECTION II**

**2.0 Test Specimens**

- 2.1 How many devices of each size and model were submitted by the manufacturer to the testing laboratory? \_\_\_\_\_
- 2.2 How many units were utilized during the laboratory evaluation? \_\_\_\_\_  
 If more than one (1) device was used during the evaluation, state why additional devices were necessary. \_\_\_\_\_
- 2.3 Were assembly drawings, installation instructions and all other data submitted by the manufacturer to enable a testing agency to determine compliance with this standard?     Yes     No  
 Were these items reviewed by the lab personnel performing and supervising the test?     Yes     No

**SECTION III**

**3.0 Performance Requirements and Compliance Testing**

- 3.1 **Hydrostatic Test #1 of Complete Device**  
 What was the supply pressure at the inlet? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
 What was the pressure on the reduced pressure side? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
 The test period was for \_\_\_\_\_ minutes.  
 Did the reduced pressure side, as indicated by gauge #2, remain steady during the test?     Yes     No



**3.2 Hydrostatic Test #2 of Complete Device**

What was the supply pressure at the inlet? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
What was the pressure on the reduced pressure side? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
The test period was for \_\_\_\_\_ minutes.  
Were there any external leaks?  Yes  No

**3.3 Temperature Range Test**

State the temperature of the water utilized for this section:  
• Hot Water \_\_\_\_\_ °F ( \_\_\_\_\_ °C)  
• Cold Water \_\_\_\_\_ °F ( \_\_\_\_\_ °C)  
Hot water was circulated through the device on test for a period of \_\_\_\_\_ hours per day for a total of \_\_\_\_\_ days, or \_\_\_\_\_ continuous hours.

At the end of the 80 hour hot water test, cold water was circulated through the device on test for a period of \_\_\_\_\_ hours.

What was the flow rate used for the test? \_\_\_\_\_ GPM ( \_\_\_\_\_ L/m)  
Were there any changes in the physical characteristics of the device on test?  Yes  No

**3.4 Reduced Flowing Pressure Deviation Test**

With a supply pressure of:  
100.0 psi (689.5 kPa), the reduced flowing pressure was \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
150.0 psi (1034.2 kPa), what was the reduced pressure? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
50.0 psi (344.7 kPa), what was the reduced pressure? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)

Was the reduced flowing pressure more than 1.0 psi (6.9 kPa) for every 10.0 psi (68.9 kPa) change in the supply pressure?  Yes  No

**3.5 Minimum Reduced Pressure Test**

What was the supply pressure at the inlet? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
What was the flow rate through the device? \_\_\_\_\_ GPM ( \_\_\_\_\_ L/m)  
What was the reduced flowing pressure? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
If the supply pressure could not be maintained at the manufacturer's rated pressure at the specified rate of flow, the reduced flowing pressure was adjusted to \_\_\_\_\_ psi ( \_\_\_\_\_ kPa) and the supply pressure reduced to \_\_\_\_\_ psi ( \_\_\_\_\_ kPa). The flow rate was maintained at \_\_\_\_\_ GPM ( \_\_\_\_\_ L/m).

Was a reduced flow pressure of 25.0 psi (172.4 kPa) or less , as allowed in accordance with Section 3.5.2, able to be attained?  Yes  No

**3.6 Reduced Pressure Adjustment Range Test**

What was the supply pressure at the inlet of the device on test? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
What was the maximum reduced pressure attainable? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
What was the minimum reduced pressure attainable? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)

Was a 25.0 psi (172.4 kPa) adjustment range attained?  Yes  No

**3.7 Capacity Test**

What was the inlet supply pressure used for this test: \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
The device was adjusted to maintain a set pressure of: \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
State the reduced pressure indicated at the Gauge #4: \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)



When throttling valve #4 was opened, the reduced pressure dropped to:

What was the flow rate through the device? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
 \_\_\_\_\_ GPM ( \_\_\_\_\_ L/m)  
 In compliance?  Yes  No

**3.8 By-Pass Relief Valve Opening Pressure Differential Test**

(Only required for devices with by-pass relief valve)

What was the inlet supply pressure? \_\_\_\_\_ GPM ( \_\_\_\_\_ L/m)  
 What was the pressure shown on Gauge #5? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)  
 What was the pressure differential between Gauges #3 and #4 when the relief valve started to open? \_\_\_\_\_ psi ( \_\_\_\_\_ kPa)

Did this pressure differential exceed 10.0 psi (68.9 kPa)?  Yes  No

**SECTION IV**

**4.0 Detailed Results**

4.1.1 Is the material intended for Human Consumption or Cooking?  Yes  No  
 If yes does it comply to NSF 372 and NSF 61  Yes  No  
 4.1.2 Bolts, Nuts and Screws. In compliance?  Yes  No  
 4.1.3 Pipe Threads. In compliance?  Yes  No

4.2.1 Installation and Maintenance Instructions:  
 Do the supplied instructions meet the requirements of section 4.2?  Yes  No

4.2.2 How were these markings shown on the device: \_\_\_\_\_

4.3 List the markings found on the test unit:  
 (a) Manufacturer or Trademark: \_\_\_\_\_  
 (b) Type and/or Model: \_\_\_\_\_  
 (c) Maximum Working Pressure: \_\_\_\_\_  
 (d) Maximum Water Temperature: \_\_\_\_\_  
 (e) Directional Arrows: \_\_\_\_\_  
 (f) Size of device: \_\_\_\_\_

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: \_\_\_\_\_