ASSE International
Product (Seal) Listing Program

ASSE 1063-2016
Performance Requirements for Air Valve and Vent Inflow Preventer

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 I

1.0 General

1.1 Application

1.2 Scope

1.2.1 Description

Does this device conform to the scope stated in the standard?

❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

1.2.2 Size of the device: _____NPS (_____mm)

1.2.3 Connection: ❍ NPTF ❍ Flanged ❍ Other

If other, describe: _____

1.2.4 Minimum and maximum working pressures as stated by the manufacturer's specification sheet: Minimum: _____psia (_____$kPa_{absolute}$) Maximum: _____psia (_____$kPa_{absolute}$)

1.2.5 Operating temperature range: _____ °F (_____ °C)

1.3 Limitations on Design

1.3.1 Flow Design

Cross-sectional area of minimum air flow way opening: _____in^2 (_____mm^2)

Minimum cross-sectional area of inside of inlet or outlet: _____in^2 (_____mm^2)

Does this device conform to the scope stated in the standard?

❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

1.3.2 Function

See section 3.2

1.3.3 Outlet basket

Largest diameter opening of screened basket: _____in (_____mm)

Flow area of screened basket: _____in^2 (_____mm^2)

Does this device conform to the scope stated in the standard?

❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

1.3.4 Leakage

See section 3.2

1.3.5 Connections

If applicable, do the female pipe threaded connections meet the requirements of the standard?

❍ Yes ❍ No ❍ Questionable ❍ N/A

If no or questionable, explain _____

If applicable, do the flanged connections meet the requirements of the standard?

❍ Yes ❍ No ❍ Questionable ❍ N/A

If no or questionable, explain _____

1.3.6 Repairability

Are internal parts accessible and field serviceable without removing the entire assembly from the water distribution system?

❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

1.3.7 Test Cock Locations

Are the test cocks located as stated in the standard?

❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

1.3.8 Test Cock Size

Smallest size of the test cock: _____NPT

Section II

2.0 Test specimens

Number of samples submitted: _____

Section III

3.0 Performance Requirements and Compliance Testing

3.1 Hydrostatic Pressure Test

Ambient water supply temperature: _____°F (_____°C)

Air bled from assembly? ❍ Yes ❍ No

Water supply pressure, static: _____psi (_____kPa)
Test period: _____ minutes.

Was there any damage or leakage? ❍ Yes ❍ No ❍ Questionable
If yes or questionable, explain _____

Is the device in compliance with this section? ❍ Yes ❍ No ❍ Questionable
If no or questionable, explain _____

3.2 Water Tightness of Float-Operated Checks

3.2.2 Procedure

#1 Float Check
Diameter of riser tube: _____in (_____mm)

Outlet blocked? ❍ Yes ❍ No ❍ Questionable
If no or questionable, explain _____

Riser tube filled to a height of: _____in (_____mm)
Stabilized for: _____min. Mark height.
Waited for: _____min

Final riser tube height: _____in (_____mm)

#2 Float Check
Diameter of riser tube: _____in (_____mm)

Outlet blocked? ❍ Yes ❍ No ❍ Questionable
If no or questionable, explain _____

Riser tube filled to a height of: _____in (_____mm)
Stabilized for: _____min. Mark height.
Waited for: _____min

Final riser tube height: _____in (_____mm)

3.2.3 Criteria

Is the device in compliance with this section? ❍ Yes ❍ No ❍ Questionable
If no or questionable, explain _____

3.3 Allowable Pressure Loss at Rated Air Flow

3.3.2 Procedure

a. Setup

ii. Maximum scale of air flow measuring device: _____SCFM (_____L/s)
Accuracy of air flow measuring device: ±_____%

iii. Maximum scale of pressure transducer: _____psi (_____kPa)
Accuracy of pressure transducer: ±_____%

iv. Maximum air flow capacity of air source: _____SCFM (_____L/s)

b. Air flow: _____SCFM (_____L/s)

c. Air pressure: _____psi (_____kPa)

d. Air flow: _____SCFM (_____L/s)
Air pressure loss correction: _____psi (_____kPa)

Net, corrected air pressure: _____psi (_____kPa)

3.3.3 Criteria

Is the device in compliance with this section? ❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

3.4 Reverse Flow Test

3.4.1 Procedure

a) Diameter of enclosing of test pipe or test chamber: _____in (_____mm)
Maximum scale of pressure transducer: _____psi (_____kPa)
Accuracy of pressure transducer: ±_____%

b) Air flow: _____SCFM (_____L/s)
Air pressure: _____psi (_____kPa)

c) Air flow: _____SCFM (_____L/s)
Air pressure loss correction: _____psi (_____kPa)

Net, corrected air pressure: _____psi (_____kPa)

3.4.2 Criteria

Is the device in compliance with this section? ❍ Yes ❍ No ❍ Questionable

If no or questionable, explain _____

Section IV

4.0 Detailed Requirements

4.1 Materials

Evidence of lead compliance attached to LERF? ❍ Yes ❍ No

4.1.1 Are non-metallic parts in compliance? ❍ Yes ❍ No ❍ Questionable ❍ N/A
If no or questionable, explain: _____

4.1.2 Are coatings in compliance? ❍ Yes ❍ No ❍ Questionable ❍ N/A
If no or questionable, explain: _____

4.1.3 Are seats in compliance and repairable? ❍ Yes ❍ No ❍ Questionable ❍ N/A
If no or questionable, explain: _____

4.1.5 Are test cock materials in compliance? ❍ Yes ❍ No ❍ Questionable ❍ N/A
If no or questionable, explain: _____

4.1.6 Are taper threads incompliance with ASME B1.20.1? ❍ Yes ❍ No ❍ N/A
If no or questionable, explain: _____

4.1.7 Are pipe flanges incompliance with ASME B16.1 for cast iron class 125 flanges?
❍ Yes ❍ No ❍ Questionable ❍ N/A
If no or questionable, explain: _____

4.2 Documentation

4.2.1 The following was packaged with the assembly (check if present):

- ☐ Instructions for installation and support within the manhole / vault
- ☐ Maintenance instructions
- ☐ Field testing instructions

4.3 Markings

4.3.1 The assembly had the following marked and visible after installation (check if present):

- ☐ Name of manufacturer or trademark
- ☐ Model number of the assembly
- ☐ Manufacturer's maximum rated working pressure
- ☐ Nominal size
- ☐ "UP" arrow indicating correct orientation for installation

4.3.2 Were markings etched, cast, stamped, or engraved on the body of the assembly or on a plate made of corrosion resistant material securely attached to the assembly with a corrosion resistant means?
❍ Yes ❍ No ❍ Questionable
If no or questionable, explain: _____

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: _____