

# American Plumbing & Heating, Inc.

## DEVICE TEST RECORD

(800) 949-4413

Facility: **ROCHESTER HILLS HEALTH & WELLNESS**  
 Address: **1555 SOUTH BLVD. E.**  
 City: **ROCHESTER HILLS** MI **48307**

Test Date: **6-23** Type: **DCV** Size: **4"**  
 Manufacturer: **WILKINS** Model: **350 DA** Serial No: **U25808**  
 Plant ID#: \_\_\_\_\_ Application: **MAIN FIRE LINE**  
 Prot. Type: \_\_\_\_\_ Location: **MECHANICAL ROOM**  
 Schd. Type: \_\_\_\_\_ Remarks: \_\_\_\_\_  
 Accessibility: \_\_\_\_\_

Line Pressure: **50** psi  
 1st Shut Off:    2nd Shut Off:     
 Reduced Pressure Principle Assembly  
 Double Check Valve Assembly  
 Pressure Vacuum Breaker  
 Initial Test:  
 1st Check:    PSID: **40**  
 2nd Check:    PSID: **2.8**  
 Relief:    PSID: \_\_\_\_\_  
 Air Inlet:    PSID: \_\_\_\_\_  
 Check:    PSID: \_\_\_\_\_

Repair Remarks: \_\_\_\_\_  
 Final Test:  
 1st Check:    PSID: \_\_\_\_\_  
 2nd Check:    PSID: \_\_\_\_\_  
 Relief:    PSID: \_\_\_\_\_  
 Air Inlet:    PSID: \_\_\_\_\_  
 Check:    PSID: \_\_\_\_\_

Pass / Fail:   All control valves left in open position: Yes  No

Notes: \_\_\_\_\_

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type: **Mid-West** Gauge No: **845-5**  
 Tester Name: **WESLEY ROSS** **05180327** **3/17/23** ASSE Certification No. **37009**  
 Exp. Date: **2/28/24**

Tester Signature: Wesley Ross Date: 6-23

American Plumbing & Heating, Inc.  
 9730 Marshall Rd.  
 Birch Run, MI, 48415  
 1-800-949-4413  
 office@american-plumbing.net

D.A

Submitted JUN 08 2023

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Facility: **ROCHESTER HILLS HEALTH & WELLNESS**  
 Address: **1555 SOUTH BLVD. E.**  
 City: **ROCHESTER HILLS** MI **48307**

Test Date: **6-1-23** Type: **RP** Size: **2"**  
 Manufacturer: **WILKINS** Model: **375XL** Serial No: **AKB6136**  
 Plant ID#: \_\_\_\_\_ Application: **POOL FEED LINE**  
 Prot. Type: \_\_\_\_\_ Location: **POOL MECHANICAL ROOM**  
 Schd. Type: \_\_\_\_\_ Remarks: \_\_\_\_\_  
 Accessibility: \_\_\_\_\_

Line: \_\_\_\_\_ 1st Shut Off:  C  L  2nd Shut Off:  C  L   
 Pressure: **90** psi  
 Reduced Pressure Principle Assembly  
 Double Check Valve Assembly  
 Pressure Vacuum Breaker

Initial Test  
 1st Check:  C  L  PSID: **9.2**  
 2nd Check:  C  L  PSID: **9.6** Confirm  
 Relief:  O  M  PSID: **3.0**  
 Air Inlet:  O  M  PSID: \_\_\_\_\_  
 Check:  C  L PSID: \_\_\_\_\_

Repair Remarks: \_\_\_\_\_

Final Test  
 1st Check:  C  L  PSID: \_\_\_\_\_  
 2nd Check:  C  L  PSID: \_\_\_\_\_ Confirm  
 Relief:  O  M  PSID: \_\_\_\_\_  
 Air Inlet:  O  M  PSID: \_\_\_\_\_  
 Check:  C  L PSID: \_\_\_\_\_

Pass / Fail:  P  F  All control valves left in open position: Yes  No   
 Notes: \_\_\_\_\_

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Certification: On this date, the above device was tested per applicable codes and the required performance standards.  
 Test Type: **Mid-West** Gauge No: **845-5**  
 Tester Name: **WESLEY ROSS** **05180327** **3/17/23** ASSE Certification No: **37009**  
 Exp. Date: **2/28/24**

Tester Signature: Wesley Ross Date: 6-1-23

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Facility: **ROCHESTER HILLS HEALTH & WELLNESS**

Address: **1555 SOUTH BLVD. E.**

City: **ROCHESTER HILLS**

**MI**

**48307**

Test Date: **6-1-23**

Manufacturer: **APOLLO**

Plant ID#

Prot. Type

Schd. Type

Accessibility

Type

**RP**

Size

**1"**

Model

**RP4A**

Serial No

**276071**

Application: **BOILER FEED LINE**

Location: **BOILER ROOM**

Remarks:

Line

1st Shut Off

C  L

2nd Shut Off

C  L

Pressure

**64** psi

Reduced Pressure Principle Assembly

Pressure Vacuum Breaker

Double Check Valve Assembly

Initial Test

1st Check

C  L

2nd Check

C  L

Relief

O  M

Air Inlet

O  M

Check

C  L

PSID **7.8**

PSID **7.0**

PSID **8.0**

PSID

PSID

Confirm

Repair Remarks

Final Test

1st Check

C  L

2nd Check

C  L

Relief

O  M

Air Inlet

O  M

Check

C  L

PSID

PSID

PSID

PSID

PSID

Confirm

Pass / Fail

P  F

All control valves left in open position:

Yes

No

Notes

A copy of this may be forwarded to the Authority Having Jurisdiction.

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type: **Mid-West**

Gauge No

**845-6**

Tester Name: **WESLEY ROSS**

**05180327**

**3/17/23**

ASSE Certification No. **37009**

Exp. Date **2/28/24**

Tester Signature: Wesley Ross

Date: 6-1-23

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Facility **ROCHESTER HILLS HEALTH & WELLNESS**

Address **1555 SOUTH BLVD. E.**

City **ROCHESTER HILLS**

**MI**

**48307**

Test Date **6-1-23**

Type **PVB**

Size **2"**

Manufacturer **FEBCO**

Model **765**

Serial No **H02115**

Plant ID#

Application: **LAWN IRRIGATION SYSTEM**

Prot. Type

Location: **OUTSIDE MECHANICAL ROOM / South Lawn**

Schd. Type

Remarks:

Accessibility

Line	1st Shut Off <input type="checkbox"/> C <input checked="" type="checkbox"/> L <input type="checkbox"/>	2nd Shut Off <input type="checkbox"/> C <input checked="" type="checkbox"/> L <input type="checkbox"/>	
Pressure	Reduced Pressure Principle Assembly		Pressure Vacuum Breaker
<b>60</b> psi	Double Check Valve Assembly		

Initial Test	1st Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet <input type="checkbox"/> O <input checked="" type="checkbox"/> M <input type="checkbox"/>	Check <input checked="" type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>
	PSID	PSID	PSID	PSID <b>4.0</b>	PSID <b>2-4</b>

Repair Remarks

Final Test	1st Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	2nd Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>	Relief <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Air Inlet <input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/>	Check <input type="checkbox"/> C <input type="checkbox"/> L <input type="checkbox"/>
	PSID	PSID	PSID	PSID	PSID

Pass / Fail  P  F  All control valves left in open position: Yes  No

Notes

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Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type **Mid-West** Gauge No **845-5**

Tester Name **WESLEY ROSS** **05180327** **3/17/23** ASSE Certification No. **37009**

Exp. Date **2/28/24**

Tester Signature: *Wesley Ross*

Date: *6-1-23*

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*[Handwritten Signature]*

Submitted JUN 08 2023