



Industry Services Division
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PO Box 2658
Madison, WI 53701-2658
Fax: 1-608-267-9723

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: Inspector _____ Tester _____

Inspection Municipality _____ AAV Test Date: _____

Inspector Day Phone: _____ Plumber's Day Phone: _____

Type of tester used: Dwyer Mark II Cherne (glass U tube) Other (describe) _____

Complete the following table reporting the 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.