

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

**Factory Audit Inspection Test for:
Temperature Actuated Mixing Valves for Plumbed Emergency Equipment**

**Tested under ASSE Standard 1071-2012
Factory Audit Inspection Retest**

Seal #: _____

Manufacturer: _____ **Model No.:** _____

Address: _____ **Serial No.:** _____

Other Identification Markings: _____

Size: _____

Additional Model Information: _____

Laboratory File Number: _____

Date Testing Began: _____ **Date Testing Completed:** _____

Which sample from the audit is being tested in this report?

First Sample Second Sample

Section III

3.0 Performance Requirements & Compliance Testing

3.1 Conditioning Test

What was the water temperature as recorded at T3? _____ °F (_____ °C)

What was the water pressure as recorded at P3? _____ psi (_____ kPa)

What was the length of time that this conditioning test was run? _____ hours _____ seconds

Was any design feature of this device disabled for the purposes of this test? Yes
 No

Were there any visible leaks, distortion or damage from or to this device? Yes
 No

Was this device in full compliance with Section 3.1? Yes
 No

3.2 Temperature Control Test

What was the temperature of the water at the hot water inlet? _____ °F (_____ °C)

What was the temperature of the water at the cold water inlet? _____ °F (_____ °C)

Was the cold water supply temperature maintained within 3.0°F (1.7°C) throughout this test?
 Yes
 No

Was it necessary to adjust the high temperature limit stop on this device? Yes
 No

After flowing water for 1 minute per Section 3.2.2a, what were the temperatures at:

T1: _____°F (_____°C)
T2: _____°F (_____°C)
T3: _____°F (_____°C)

And pressures at:

P1: _____ psi (_____ kPa)
P2: _____ psi (_____ kPa)
P3: _____ psi (_____ kPa)

What was the flow rate?

_____ gpm (_____ L/m)

After reducing the water flow per Section 3.2.2b, what were the temperatures at:

T1: _____°F (_____°C)
T2: _____°F (_____°C)
T3: _____°F (_____°C)

And pressures at:

P1: _____ psi (_____ kPa)
P2: _____ psi (_____ kPa)
P3: _____ psi (_____ kPa)

What was the flow rate?

_____ gpm (_____ L/m)

After increasing the temperature of the hot water supply per Section 3.2.2c, what were the temperatures at:

T1: _____°F (_____°C)
T2: _____°F (_____°C)
T3: _____°F (_____°C)

And pressures at:

P1: _____ psi (_____ kPa)
P2: _____ psi (_____ kPa)
P3: _____ psi (_____ kPa)

What was the flow rate?

_____ gpm (_____ L/m)

After reducing the water flow per Section 3.2.2d, what were the temperatures at:

T1: _____°F (_____°C)
T2: _____°F (_____°C)
T3: _____°F (_____°C)

And pressures at:

P1: _____ psi (_____ kPa)
P2: _____ psi (_____ kPa)
P3: _____ psi (_____ kPa)

What was the flow rate?

_____ gpm (_____ L/m)

After fully opening valve V2 per Section 3.2.2e, what were the temperatures at:

T1: _____°F (_____°C)
T2: _____°F (_____°C)
T3: _____°F (_____°C)

And pressures at:

P1: _____ psi (_____ kPa)
P2: _____ psi (_____ kPa)
P3: _____ psi (_____ kPa)

What was the flow rate?

_____ gpm (_____ L/m)

In each portion of this test, did the device comply with the permissible temperature variations for flows and pressure differentials as shown in Table 1?

Yes
 No

Did the device at any time exceed an outlet temperature of 100°F (37.8°C)? Yes
 No

Did the device meet the manufacturer's rated flow at 30.0 psi (206.9 kPa) differential pressure?
 Yes
 No

Was the device in full compliance with Section 3.2? Yes
 No

3.5 Cold Water Shut-Off Test

When the cold water inlet supply was shut-off, did the outlet temperature at T3 ever exceed 100°F (37.8°C) prior to a reduction of the flow to the values listed in Table 1 for 'Maximum Allowable Flow with Cold Water Shut-Off'?

Yes
 No

What was the maximum temperature recorded prior to the flow reduction per Table 1?
_____°F (_____°C)

TESTING AGENCY _____

ADDRESS _____

PHONE: _____ FAX: _____

TEST ENGINEER(S) _____

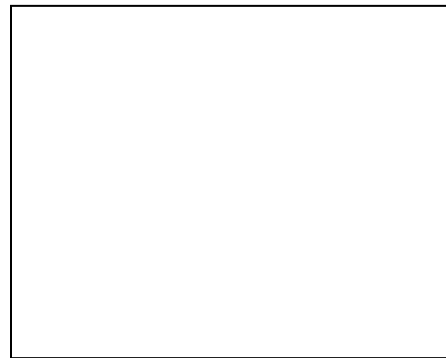
We certify that the evaluations are based on our best judgments and that the test data recorded is an accurate record of the performance of the device on test.

Signature of the official of the agency: _____

Title of the official: _____ Date: _____

Signature and seal of the Registered Professional Engineer
supervising the laboratory evaluation:

Signature



Seal