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Air Admittance Valve (AAV) Test Report

Plumbing Permit # : _____ Transaction ID #: _____ Other: _____

Name of Project: _____

Address of Project: _____

Witnessed by: Inspector _____ Tester _____

Inspection Municipality _____ Day Phone: _____

AAV Test Date: _____

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 | # tested | # passed | # failed |
|------------------|-------|----------|----------|----------|
| Studor | | | | |
| Studor | | | | |
| Ferguson/Pro Flo | | | | |
| Oatey Sure-Vent | | | | |
| Ayrlett | | | | |
| Rectorseal | | | | |
| Canplas | | | | |
| | | | | |

Note: Other comments? _____

Was this the initial AAV test which is required in the departments AAV approval stipulations prior to or upon installation? YES NO

When you are finished filling out the form please forward it to address on the top of form.