

# Backflow Prevention Assembly Test Report -

**Service Address**

**Test Due**  
/ /

Location:

**Check if Correct      Corrections**

Serial #:  \_\_\_\_\_

Mfg:  \_\_\_\_\_

Model:  \_\_\_\_\_

Type:  \_\_\_\_\_

Size:  \_\_\_\_\_

**Mailing Address**

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Bypass <input type="checkbox"/>

	<b>Reduced Pressure Principle Assembly</b>			<b>PVB/SVB</b>
	<b>Double Check Valve Assembly</b>			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>AIR INLET</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>
Date _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Opened at _____ PSID
Time _____				Opened Fully <input type="checkbox"/>
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Leaked <input type="checkbox"/>
				<b>CHECK VALVE</b>
				Held at _____ PSID

<b>Repairs</b>	Cleaned <input type="checkbox"/>
Date _____	Rubber Kit <input type="checkbox"/>
	Rebuild <input type="checkbox"/>
	Other <input type="checkbox"/>

<b>Final Test</b>				<b>AIR INLET</b>
Date _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>
Time _____				Opened at _____ PSID
Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened Fully <input type="checkbox"/>
				Leaked <input type="checkbox"/>
				<b>CHECK VALVE</b>
				Held at _____ PSID

<b>Air Gap</b>	Supply Pipe Diameter _____ Separation _____	<b>Orientation</b>	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____
Pass <input type="checkbox"/> Fail <input type="checkbox"/>			

<b>Comments</b>		<b>Yes    No</b>
Yes <input type="checkbox"/> No <input type="checkbox"/> Notification within three days upon failure.		Proper Install <input type="checkbox"/> <input type="checkbox"/> RV Exercised <input type="checkbox"/> <input type="checkbox"/> Service Restored <input type="checkbox"/> <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.		Line Pressure _____ Meter Reading _____ Test Kit Mfg _____ Test Kit Model _____
Tester _____	Company _____	
Certification # _____	Phone _____	
Expire _____	Test Kit Serial # _____	
Signature _____	Calibration Date _____	