

Backflow Prevention Assembly Test Report -

Service Address

Test Due

/ /

Location:

Check if Correct Corrections

Serial #:	<input type="checkbox"/>	
Mfg:	<input type="checkbox"/>	
Model:	<input type="checkbox"/>	
Type:	<input type="checkbox"/>	
Size:	<input type="checkbox"/>	

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"/>

	Reduced Pressure Principle Assembly			PVB/SVB
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET 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	CHECK VALVE Leaked <input type="checkbox"/>
				Held at _____ PSID

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

Final Test				AIR INLET 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	CHECK VALVE Leaked <input type="checkbox"/>
				Held at _____ PSID

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

Comments													
Yes <input type="checkbox"/> No <input type="checkbox"/> Notification within three days upon failure.	<table style="width: 100%;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Proper Install</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	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	No											
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.													
Tester _____	Company _____												
Certification # _____	Phone _____												
Expire _____	Test Kit Serial # _____												
Signature _____	Calibration Date _____												
	Line Pressure _____ Meter Reading _____ Test Kit Mfg _____ Test Kit Model _____												