

Backflow Prevention Assembly Test Report

Service Address

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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"/>

	Reduced Pressure Principle Assembly			PVB/SVB
	Double Check Valve Assembly			

Initial Test	Check Valve #1	Check Valve #2	Relief Valve	AIR INLET
	Leaked <input type="checkbox"/>	Leaked <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	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	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	
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"/>				Opened Fully <input type="checkbox"/>
				CHECK VALVE Leaked <input type="checkbox"/>
				Held at _____ PSID

Air Gap	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Date _____	Supply Pipe Diameter _____	Separation _____		Did not Open <input type="checkbox"/>
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				Opened at _____ PSID

Comments	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Yes <input type="checkbox"/> No <input type="checkbox"/> _____	Notification within three days upon failure.			Did not Open <input type="checkbox"/>

Comments	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Yes <input type="checkbox"/> No <input type="checkbox"/> _____	I certify all information on this report is true and accurate, acknowledging that incomplete reports <input type="checkbox"/> will not be accepted.			Did not Open <input type="checkbox"/>

Comments	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Tester _____	Company _____			Did not Open <input type="checkbox"/>

Comments	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Certification # _____	Phone _____			Did not Open <input type="checkbox"/>

Comments	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Expire _____	Test Kit Serial # _____			Did not Open <input type="checkbox"/>

Comments	Orientation			AIR INLET
	Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____			
Signature _____	Calibration Date _____			Did not Open <input type="checkbox"/>

Yes No

Proper Install

RV Exercised

Service Restored

Line Pressure _____

Meter Reading _____

Test Kit Mfg _____

Test Kit Model _____

CITY OF BENTONVILLE