

Backflow Prevention Assembly Test Report

Service Address

Test Due

/ /

Location:

Serial #:

☐

Mfg:

☐

Model:

☐

Type:

☐

Size:

☐

Check if Correct

Corrections

Mailing Address

Existing ☐
New ☐

Removed ☐
Replaced ☐

Commercial ☐
Residential ☐

Municipal ☐
Industrial ☐

Domestic ☐
Irrigation ☐

Fire ☐
Bypass ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

AIR INLET

Did not Open ☐

Opened at _____ PSID

Opened Fully ☐

CHECK VALVE

Leaked ☐

Held at _____ PSID

Initial Test

Date _____

Time _____

Pass ☐ Fail ☐

Leaked ☐

Closed Tight ☐

Held at _____ PSID

Leaked ☐

Closed Tight ☐

Held at _____ PSID

Did not Open ☐

Opened at _____ PSID

Repairs

Date _____

Cleaned ☐
Rubber Kit ☐
Rebuild ☐
Other ☐

Final Test

Date _____

Time _____

Pass ☐ Fail ☐

Closed Tight ☐

Held at _____ PSID

Closed Tight ☐

Held at _____ PSID

Opened at _____ PSID

AIR INLET

Did not Open ☐

Opened at _____ PSID

Opened Fully ☐

CHECK VALVE

Leaked ☐

Held at _____ PSID

Air Gap

Date _____

Pass ☐ Fail ☐

Supply Pipe Diameter _____ Separation _____

Orientation

Horizontal ☐ Vertical ☐ Other _____

Comments

Yes ☐ No ☐ Notification within three days upon failure.

Yes ☐ No ☐ 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 _____

Yes No

Proper Install ☐ ☐

RV Exercised ☐ ☐

Service Restored ☐ ☐

Line Pressure _____

Meter Reading _____

Test Kit Mfg _____

Test Kit Model _____

CITY OF BENTONVILLE