



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

CUSTOMER NAME _____ Commercial Residential

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE () _____ FAX () _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____

NEW INSTALL EXISTING REPLACEMENT OLD SER. # _____ PROPER INSTALLATION? YES NO

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

Water Meter # _____

REDUCED PRESSURE DEVICE

INITIAL TEST	<u>CHECK VALVE NO.1</u>	<u>RELIEF VALVE</u> OPENING PRESSURE	<u>CHECK VALVE NO.2</u>	#2 SHUT OFF VALVE
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID 5.0 PSID min	_____ PSID 2.0 PSID min	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> DIRECTION OF FLOW TEST _____ PSID 1.0 PSID min	HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PARTS:	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PARTS:	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PARTS:	
RETEST	<u>CHECK VALVE NO.1</u> HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> _____ PSID 5.0 PSID min	<u>RELIEF VALVE</u> OPENING PRESSURE _____ PSID 2.0 PSID min	<u>CHECK VALVE NO.2</u> HELD TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> DIRECTION OF FLOW TEST _____ PSID 1.0 PSID min	

REMARKS: _____

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTERS NAME PRINTED: _____ TESTERS PHONE # () _____

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

SERVICE RESTORED? YES NO