



**Backflow Prevention Assembly  
Test Report**

<b>Water Purveyor</b>		Water Meter No		<b>Permit No</b>
Type	Mfr	Size	Model Number	Serial Number
<b>Facility/Owner</b>		<b>Contact</b>		Phone
<b>Address</b>		<b>City, State, Zip</b>		
<b>Owner Representative</b>		<b>Person to Contact</b>		<b>Phone</b>
<b>Representative Address</b>		<b>Assembly Address</b>		
<b>On-Site Location</b>				<b>Line Pressure:</b>
<b>Primary Business or Service at this Location</b>		<b>Is this a New Installation</b>		<input type="checkbox"/> New <input type="checkbox"/> Existing
		<b>Does this Assembly Replace Another</b>		<input type="checkbox"/> Replacement Serial #
<b>Purpose:</b>	Protection Type:	Service Type		
<b>Double Check Valve Assembly OR Reduced Pressure Principle Assembly</b>				<b>Pressure Vacuum Breaker</b>
				Back Pressure
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Differential Pressure Relief Valve</b>	Air Inlet Opened at _____ PSID <input type="checkbox"/> Leaked
<b>Initial Test</b>	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Check Held at _____ PSID <input type="checkbox"/> Leaked
<b>R E P A I R S</b>	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat	<input type="checkbox"/> CLEANED REPLACED <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring
<b>Shut Off Valves</b> Repaired <input type="checkbox"/> #1 <input type="checkbox"/> #2    Replaced <input type="checkbox"/> #1 <input type="checkbox"/> #2				
<b>Final Test</b>	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Opened at _____ PSID Reduced Pressure	Air Inlet _____ PSID CK Valve _____ PSID

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Initial Test (If Failed) By:	Certified Tester No.	Date Failed	Test Kit Serial
Repaired (If Necessary) By:		Date Repaired	
Final Test By:		Date Passed	Test Kit Serial

**Comments:**