



## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Account/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Meter # / Size: \_\_\_\_\_

Device Name: \_\_\_\_\_ Model #: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Device Location: \_\_\_\_\_

### REDUCED PRESSURE PRINCIPLE ASSEMBLY

- RP     PVB     DCDA     Air Gap  
 DC     SVB     RPDA     AVB

Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	AIR INLET Did not open <input type="checkbox"/> Opened at _____ PSID
REPAIRS	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
DETAILS				AIR INLET Opened at _____ PSID
FINAL TEST	Closed tight <input type="checkbox"/> Held at _____ PSID	Closed tight <input type="checkbox"/> Held at _____ PSID	Held at _____ PSID	CHECK VALVE Held at _____ PSID

<p><b>COMMENTS</b></p>  <p><i>The above report is certified to be true.</i></p>	<p><b>CHECK VALVE</b></p> <p>Line Pressure _____</p> <p>Meter Reading _____</p> <p>Held Backpressure _____</p> <p>#2 Shutoff _____</p> <p>Relief Valve Exercised _____</p>
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	DATE/TIME	TESTER	SIGNATURE	TESTER#	TEST KIT	PASSED	FAILED
INITIAL TEST						<input type="checkbox"/>	<input type="checkbox"/>
REPAIRS						<input type="checkbox"/>	<input type="checkbox"/>
FINAL TEST						<input type="checkbox"/>	<input type="checkbox"/>