

# Backflow Prevention Assembly Test Report

**Service Address**

**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			
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
<b>Initial Test</b> Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	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"/> Held at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID Opened Fully <input type="checkbox"/> <b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b> Date _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Other <input type="checkbox"/>			
<b>Final Test</b> Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID Opened Fully <input type="checkbox"/> <b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID
<b>Air Gap</b> Date _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Supply Pipe Diameter _____ Separation _____		<b>Orientation</b> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Other _____	

**Comments**

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	<input type="checkbox"/>	<input type="checkbox"/>
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
Line Pressure _____		
Meter Reading _____		
Test Kit Mfg _____		
Test Kit Model _____		