

BACKFLOW ASSEMBLY TEST REPORT

<input type="checkbox"/>	NEW
<input type="checkbox"/>	EXISTING
<input type="checkbox"/>	REPLACEMENT

PREMISE OWNER: _____ PHONE: _____
 MAILING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____
 ASSEMBLY ADDRESS: _____

ASSEMBLY TYPE: _____ ASSEMBLY LOCATION: _____

MAKE: _____ MODEL: _____ SIZE: _____
 WATER PURVEYOR: _____ SERIAL NUMBER: _____

TEST RESULTS	REDUCED PRESSURE ASSEMBLY	DOUBLE CHECK	PRESSURE VACUUM BRKR/ SPILL-RES VACUUM BRKR	INITIAL TEST	
	#1 CHECK PRESS DROP _____ (A) RELIEF VALVE OPENS AT _____ (B) (MIN 2 PSID) BUFFER (A) - (B) = _____ (MIN 3 PSI RECOMMENDED) RELIEF VALVE PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	CHECK #1 TIGHT <input type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>	CHECK #2 TIGHT <input type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/>	CHECK PRESSURE DROP _____ PSID FAILED <input type="checkbox"/>
				PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> DATE: ____/____/____ SYSTEM PSI _____	

COMMENTS & NOTES

RE-TEST AFTER REPAIRS	REDUCED PRESSURE ASSEMBLY	DCVA	PVBA./SVBA	RE-TEST AFTER REPAIR DATE:	
	#1 CHECK PRESS DROP _____ (A) RELIEF OPENED _____ (B) MIN 2 PSID BUFFER (A)-(B) = _____ MIN 3 PSI	CHECK #1 TIGHT <input type="checkbox"/> _____ PSID CHECK #2 TIGHT <input type="checkbox"/> _____ PSID	CHECK #1 _____ PSID CHECK #2 _____ PSID	AIR INLET OPENED AT _____ PSID _____ PSID	CHECK PRESS DROP _____ PSID _____ PSID
				____/____/____ PASSED <input type="checkbox"/>	

GAUGE CALIBRATION DATE: _____ DETECTOR METER READING _____

TESTER SIGNATURE _____ TESTER CERT # _____

TESTERS NAME PRINTED _____ GAUGE # _____

TESTERS ADDRESS _____ PHONE # _____

COMPANY NAME _____

REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER) WATER RESTORED ?

