

Backflow Prevention Assembly Test Report

File Name: _____

For City Use Only

File Number: _____

Date Stamp

Please print or type legibly. Partially completed test reports will not be accepted.

Assembly is: New Replacement Existing Date Installed: _____

Service Address:			
Assembly Location:		Proper Installation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Downstream Process:		Type Assembly:	Line Pressure:
Manufacturer:	Model:	Size:	Serial No.:

	INITIAL TEST RESULTS	TEST AFTER REPAIR/CLEANING
RPBA	Pressure Drop Across No. 1 Check: _____ psid Relief Valve Opened: _____ psid No. 1 Check: <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked No. 2 Check: <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked Passed Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pressure Drop Across No. 1 Check: _____ psid Relief Valve Opened: _____ psid No. 1 Check: <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked No. 2 Check: <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked Passed Test? <input type="checkbox"/> Yes <input type="checkbox"/> No
DCVA	No. 1 Check: <input type="checkbox"/> Closed Tight/_____ psid <input type="checkbox"/> Leaked/_____ psid No. 2 Check: <input type="checkbox"/> Closed Tight/_____ psid <input type="checkbox"/> Leaked/_____ psid Passed Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. 1 Check: <input type="checkbox"/> Closed Tight/_____ psid <input type="checkbox"/> Leaked/_____ psid No. 2 Check: <input type="checkbox"/> Closed Tight/_____ psid <input type="checkbox"/> Leaked/_____ psid Passed Test? <input type="checkbox"/> Yes <input type="checkbox"/> No
PVB	Air Inlet: <input type="checkbox"/> Opened/_____ psid <input type="checkbox"/> Failed to Open Check Valve: <input type="checkbox"/> _____ psid <input type="checkbox"/> Leaked/_____ psid Passed Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Inlet: <input type="checkbox"/> Opened/_____ psid <input type="checkbox"/> Failed to Open Check Valve: <input type="checkbox"/> _____ psid <input type="checkbox"/> Leaked/_____ psid Passed Test? <input type="checkbox"/> Yes <input type="checkbox"/> No
AG	Minimum Separation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Note repair or cleaning information in remarks.

Remarks/Repairs:

Test Company Name:		Phone:	
Initial Test By:		Cert. No.:	Date:
Repaired By:		Cert. No.:	Date:
Repair Test By:		Cert. No.:	Date:
Equipment Make:	Model:	Serial No.:	Verification Date:

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