

Insert Information Here
 Company Name
 Address
 City, State, Zip Code
 Phone Number

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER PURVEYOR		WATER METER NO.		PERMIT NO.
SVB PVB RP DC	MANUFACTURER	SIZE	MODEL NO.	SERIAL NO.
OWNER		PERSON TO CONTACT		PHONE NO.
ADDRESS			CITY, STATE, ZIP	
OWNER REPRESENTATIVE		PERSON TO CONTACT		PHONE NO.
REPRESENTATIVE ADDRESS		ASSEMBLY ADDRESS		
ON SITE LOCATION OF ASSEMBLY				LINE PRESSURE
WHAT IS THE PRIMARY BUSINESS OR SERVICE PERFORMED AT THIS LOCATION?		IS THIS A NEW INSTALLATION?		<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOES THIS REPLACE ANOTHER ASSEMBLY?		<input type="checkbox"/> Yes <input type="checkbox"/> No Serial #
Purpose: <input type="checkbox"/> Secondary/Containment <input type="checkbox"/> Primary/Point of Use <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape <input type="checkbox"/> Potable/Domestic				
Double Check Valve Assembly OR Reduced Pressure Principle Valve Assembly				PRESSURE VACUUM BREAKER
				Back Pressure <input type="checkbox"/> Y <input type="checkbox"/> N
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET OPENED AT _____ PSID LEAKED <input type="checkbox"/> Y <input type="checkbox"/> N
INITIAL TEST	CLOSED TIGHT <input type="checkbox"/> Y <input type="checkbox"/> N _____ PSID LEAKED <input type="checkbox"/> Y <input type="checkbox"/> N	CLOSED TIGHT <input type="checkbox"/> Y <input type="checkbox"/> N _____ PSID LEAKED <input type="checkbox"/> Y <input type="checkbox"/> N	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> Y <input type="checkbox"/> N	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> Y <input type="checkbox"/> N
R E P A I R S	CLEANED <input type="checkbox"/> Y <input type="checkbox"/> N REPLACED RUBBER KIT <input type="checkbox"/> Y <input type="checkbox"/> N DISC <input type="checkbox"/> Y <input type="checkbox"/> N SPRING <input type="checkbox"/> Y <input type="checkbox"/> N GUIDE <input type="checkbox"/> Y <input type="checkbox"/> N OTHER <input type="checkbox"/> Y <input type="checkbox"/> N	CLEANED <input type="checkbox"/> Y <input type="checkbox"/> N REPLACED RUBBER KIT <input type="checkbox"/> Y <input type="checkbox"/> N DISC <input type="checkbox"/> Y <input type="checkbox"/> N SPRING <input type="checkbox"/> Y <input type="checkbox"/> N GUIDE <input type="checkbox"/> Y <input type="checkbox"/> N OTHER <input type="checkbox"/> Y <input type="checkbox"/> N	CLEANED <input type="checkbox"/> Y <input type="checkbox"/> N REPLACED RUBBER KIT <input type="checkbox"/> Y <input type="checkbox"/> N DISC <input type="checkbox"/> Y <input type="checkbox"/> N SPRING <input type="checkbox"/> Y <input type="checkbox"/> N GUIDE <input type="checkbox"/> Y <input type="checkbox"/> N OTHER <input type="checkbox"/> Y <input type="checkbox"/> N	CLEANED <input type="checkbox"/> Y <input type="checkbox"/> N REPLACED RUBBER KIT <input type="checkbox"/> Y <input type="checkbox"/> N DISC <input type="checkbox"/> Y <input type="checkbox"/> N SPRING <input type="checkbox"/> Y <input type="checkbox"/> N GUIDE <input type="checkbox"/> Y <input type="checkbox"/> N OTHER <input type="checkbox"/> Y <input type="checkbox"/> N
	SHUT OFF VALVE # _____ <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED <input type="checkbox"/> BOTH OK			
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> Y <input type="checkbox"/> N _____ PSID	CLOSED TIGHT <input type="checkbox"/> Y <input type="checkbox"/> N _____ PSID	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET _____ PSID CHECK VALVE _____ PSID

This report is certified to be true.

INITIAL TEST (IF FAILED) BY:	CERTIFIED TESTER NO.	DATE	TEST KIT SERIAL #
REPAIRED (IF NECESSARY) BY:	CERTIFICATION NO.	REPAIR DATE	
FINAL TEST BY:	CERTIFIED TESTER NO.	DATE PASSED	TEST KIT SERIAL #

COMMENTS: _____

