

YOUR LOGO

Company name

Address · Phone · License #

Backflow Prevention Assembly Test Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

REASON FOR TEST

☐ Annual ☐ New install ☐ After repair ☐ Replacement

REPLACED ASSEMBLY SERIAL

WATER PURVEYOR

WATER ACCOUNT / METER

METER READING

UTILITY DEVICE / HAZARD

TYPE OF SERVICE

☐ Domestic ☐ Fire line ☐ Irrigation ☐ Process / other

MAKE & MODEL

ASSEMBLY TYPE

☐ RP ☐ DC ☐ PVB ☐ SVB ☐ RPDA ☐ DCDA

SERIAL NUMBER

SIZE

☐ 3/4" ☐ 1" ☐ 1-1/2" ☐ 2" ☐ 3" ☐ 4" ☐ 6" ☐ 8" ☐ 10"

LOCATION OF ASSEMBLY

BYPASS METER READING / SERIAL

LINE PRESSURE

_____ psi

LINE PRESSURE STABLE

☐ Yes ☐ No

SHUT-OFF VALVE #1

☐ Closed tight ☐ Leaked

SHUT-OFF VALVE #2

☐ Closed tight ☐ Leaked

INITIAL TEST

CHECK VALVE #1

_____ psi

RELIEF VALVE OPENED AT

_____ psi

CHECK VALVE #2

_____ psi

AIR INLET OPENED AT

_____ psi

CHECK VALVE HELD AT

_____ psi

CHECK VALVE #1☐ Closed tight ☐ Leaked**CHECK VALVE #2**☐ Closed tight ☐ Leaked☐ Relief valve did not open**AIR INLET OPENED FULLY**☐ Yes ☐ No**INITIAL TEST RESULT**☐ Passed ☐ Failed**REPAIRS AND PARTS (CHECK ALL THAT APPLY)**☐ Cleaned only ☐ Disc / rubber ☐ Spring ☐ Seat ☐ O-rings ☐ Rubber kit ☐ Check module☐ Diaphragm ☐ Poppet ☐ Test cocks ☐ Air inlet disc / spring ☐ Replaced assembly**REPAIR DETAILS**

TEST AFTER REPAIR**CHECK VALVE #1**

psid

RELIEF VALVE OPENED AT

psid

CHECK VALVE #2

psid

AIR INLET OPENED AT

psid

CHECK VALVE HELD AT

psid

RETEST RESULT☐ Passed ☐ Failed**TESTER AND TEST KIT****TESTER CERTIFICATION #**

CERTIFICATION EXPIRES

TEST KIT

TEST KIT SERIAL

TEST KIT CALIBRATION DATE

RESULTS FILED WITH THE UTILITY ON

PHOTOS

Attach photos or list photo numbers: _____

NOTES & RECOMMENDATIONS

CERTIFICATION

I certify that the assembly above was tested in accordance with AWWA / USC field test procedures and that the information in this report is true and correct.

TECHNICIAN SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____