



BACKFLOW ASSEMBLY TEST REPORT

Instructions-If any of the "Required Information" shown below is missing, your form will be returned.

	1. Facility-business name, site address, city, and assembly location 2. Owner/Management-contact name, phone, management name, mailing address, city, state, zip 3. Water Purveyor 4. Assembly Information-type, size, mfg. model, serial no., type of service	5. Initial test or test after repair date 6. Assembly-passed or failed 7. Tester # 8. Print your name
FACILITY	BUSINESS NAME: _____ SITE PHONE: _____ SITE ADDRESS: _____ CITY: _____ ASSEMBLY LOCATION: _____ <small>(Please use dimensions and references – Lot Lines, Property Lines, Curb, and/or other permanent features/landmarks)</small> INTERNAL <input type="checkbox"/> : _____ <small>(Please provide location description such as name of room and/or room / unit / suite number)</small>	
OWNER / MANAGEMENT	OWNER / CONTACT NAME (ATTN): _____ PHONE: _____ MANAGEMENT NAME (C/O): _____ CELL PHONE: _____ MAILING ADDRESS: _____ FAX NUMBER: _____ CITY, STATE, & ZIP: _____ OTHER: _____	

WATER PURVEYOR: _____ **If applicable, water meter #:** _____

ASSEMBLY INFORMATION		
TYPE: _____	SIZE: _____	MFG: _____
MODEL: _____ SERIAL NO: _____		
CHECK ONLY ONE: <input type="checkbox"/> EXISTING ▶ Device No: BD _____		
<input type="checkbox"/> REPLACEMENT ▶ OLD ASSEMBLY SERIAL NO: _____		
<input type="checkbox"/> NEW ▶ _____		
TYPE OF SERVICE: DOMESTIC <input type="checkbox"/> IRRIGATION <input type="checkbox"/> FIRE <input type="checkbox"/>		

	DOUBLE CHECK VALVE ASSEMBLY			TEST RESULTS INFORMATION	
	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL RELIEF VALVE	AIR INLET VALVE	CHECK VALVE
INITIAL TEST	HELD AT: _____ <small>PSID</small>	HELD AT: _____ <small>PSID</small>	OPENED AT: _____ <small>PSID</small>	OPENED AT: _____ <small>PSID</small>	HELD AT: _____ <small>PSID</small>
	LEAKED <input type="checkbox"/>	CLOSED TIGHT (RP) <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED UNDER 2.0 PSID OR DID NOT OPEN <input type="checkbox"/>	OPENED UNDER 1.0 PSID OR DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>
R E P A I R	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> SEAT <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> EXERCISED <input type="checkbox"/> REPLACED: DISC(S) <input type="checkbox"/> SPRING <input type="checkbox"/> DIAPHRAGM(S) <input type="checkbox"/> SEAT(S) <input type="checkbox"/> O-RING(S) <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> FLOAT <input type="checkbox"/> OTHER) <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: DISC <input type="checkbox"/> MODULE <input type="checkbox"/> OTHER <input type="checkbox"/>
TEST AFTER REPAIR	HELD AT: _____ <small>PSID</small>	HELD AT: _____ <small>PSID</small>	OPENED AT: _____ <small>PSID</small>	OPENED AT: _____ <small>PSID</small>	HELD AT: _____ <small>PSID</small>
		CLOSED TIGHT (RP) <input type="checkbox"/>			

INITIAL TEST	DATE: _____	NAME: _____
<input type="checkbox"/> PASSED	TESTER #: PI _____	SIGNATURE: _____
<input type="checkbox"/> FAILED		

TEST AFTER REPAIR	DATE: _____	NAME: _____
<input type="checkbox"/> PASSED	TESTER #: PI _____	SIGNATURE: _____
<input type="checkbox"/> FAILED		

COMMENTS: _____