Dalton Water Association
6360 N.4TH Street
Dalton Gardens, Idaho 83815
Office: 208-772-5639 Fax: 208-772-4568

BACKFLOW PREVENTION ASSEMBLY TEST REPORT 2007

Customer Name: _____
Date ____/____/ 2007

Street Address: _____
Dalton Gardens, ID

Type of Hazard Isolated: _____

Location of Assembly:
_____

Make: _____ Model: _____Serial Number: _____
Size: _____

Line pressure at time of test: _____ PSID

	Check valve #1	Check valve #2	Relief valve	PVB/SVB	Shut off Valves		
						#1	#2
Initial Test	☐ Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐ Held at _____ PSID ☐ Closed Tight ☐ Leaked	☐Opened at _____PSID ☐ Did not open	☐ Air Inlet Opened at _____ PSID ☐ Did not open ☐ Check held at _____ PSID ☐ Leaked	Closed tight Leaked	☐ ☐	☐ ☐
REPAIR	☐ CLEANED ☐REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Diaphragm ☐ Module ☐ _____	☐ CLEANED ☐REPLACED: ☐ Disc ☐ Spring ☐ Guide ☐ Seat ☐ Hinge Pin ☐ Module ☐_____	☐ CLEANED ☐REPLACED: ☐ Disc ☐ Spring ☐ Diaphragm ☐ Seat ☐ O-Ring(s) ☐ Module ☐ _____	☐ CLEANED ☐REPLACED: ☐ Air Inlet Disc ☐ Air Inlet Spring ☐ Check Disc ☐ Check Spring ☐ Float ☐ Diaphragm ☐ _____	CLEANED REPLACED REPAIR OTHER	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
	OTHER/NOTES:_____						
Final Test	_____PSID ☐ Closed Tight	_____PSID ☐ Closed Tight	☐ Opened at _____PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight	Valves #1 ☐ #2 ☐	

INITIAL TEST OR REPAIRED BY AND FINAL TEST:	CERTIFI-CATE #	GAUGE #	COMPANY	PHONE #

*** Please print clearly or type.**				

“THE ABOVE REPORT IS CERTIFIED TO BE TRUE.”

SIGNATURE: _____