

Dalton Water Association
6360 N.4TH Street
Dalton Gardens, Idaho 83815
Office: 208-772-5639 Fax: 208-772-4568
BACKFLOW PREVENTION ASSEMBLY TEST REPORT 2008

Customer Name: _____ **Date** _____

Street Address: _____ **Dalton Gardens, ID 83815**

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	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed tight	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did not open	<input type="checkbox"/> Did not open				Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check held at _____ PSID						
REPAIR	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> <u>REPLACED:</u>	<input type="checkbox"/> <u>REPLACED:</u>	<input type="checkbox"/> <u>REPLACED:</u>	<input type="checkbox"/> <u>REPLACED:</u>	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring						
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc						
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring						
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float						
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm						
	<input type="checkbox"/> Module	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	OTHER	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/> _____									
OTHER/NOTES: _____ _____ _____ _____										
Final Test	_____ PSID	_____ PSI	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	Valves #1 #2 <input type="checkbox"/> <input type="checkbox"/>				
	<input type="checkbox"/> Closed Tight	D <input type="checkbox"/> Closed Tight		CK Valve _____ PSID						
INITIAL TEST OR REPAIRED BY AND FINAL TEST:		CERTIFICATE #	GAUGE #	COMPANY	PHONE #					
* Please print clearly or type.										

“THE ABOVE REPORT IS CERTIFIED TO BE TRUE.”

SIGNATURE: _____ **PRINT NAME** _____