

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

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
<b>Initial Test</b>	<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			
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check held at _____ PSID <input type="checkbox"/> Leaked			
<b>REPAIR</b>	<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		<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	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>
OTHER/NOTES: _____ _____ _____ _____							
<b>Final Test</b>	_____ 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	<input type="checkbox"/> Closed Tight		CK Valve _____ PSID			
<b>INITIAL TEST OR REPAIRED BY AND FINAL TEST:</b>		<b>CERTIFICATE #</b>	<b>GAUGE #</b>	<b>COMPANY</b>	<b>PHONE #</b>		
* Please print clearly or type.							

“THE ABOVE REPORT IS CERTIFIED TO BE TRUE.”

SIGNATURE: \_\_\_\_\_ PRINT NAME \_\_\_\_\_