

Dalton Water Association
 6360 N.4TH 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	
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			
	<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			
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>
	<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"/>	
OTHER/NOTES: _____ _____ _____							
Final Test	_____ PSID	_____ PSI	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	#1	#2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		CK Valve _____ PSID			
INITIAL TEST OR REPAIRED BY AND FINAL TEST:		CERTIFICATE #	GAUGE #	COMPANY	PHONE #		
Test Passed		Test Failed					

Please print clearly or type.

“THE ABOVE REPORT IS CERTIFIED TO BE TRUE.”

SIGNATURE: _____ PRINT NAME _____