

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Customer/Business Name: _____ Date: _____
 Service Address: _____

Location of Assembly: _____
 Cross Connection Controlled: _____
 Assembly Size (inches): _____ Type: _____ Make: _____
 Model: _____ Serial Number: _____ Line Pressure (psi): _____
 RPBA/RPDA/DCVA/DCDA Horizontal? Yes No
 New Installation? Yes No Old Serial Number- _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves	
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	#1	#2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked			<input type="checkbox"/> Leaked _____ PSID		<input type="checkbox"/> <input type="checkbox"/>
R E P A I R	<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"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	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				Other	<input type="checkbox"/> <input type="checkbox"/>
		Other/Notes: _____				
Final Test	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> _____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID	OK Valve _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

Tester's Name: (please print) _____
 Certification Number: _____ State: _____ Expiration Date _____
 Company Name: _____
 Company Address: _____

 Company Phone: _____ Fax: _____
 Test Equipment Make & Model: _____ Serial #: _____
 Calibration Date: _____ Facility: _____

Signature below certifies that the above test results accurately reflect the performance of the assembly and verifies that the shut off valves have returned to pretest position.

TEST RESULTS: PASSED: _____ FAILED: _____

Signature of Tester _____ Date _____