BACKFLOW PREVENTION ASSEMBLY TEST REPORT

CUSTOMER NAME _____ **Commercial ☐ Residential ☐**

SERVICE ADDRESS _____ **CITY** _____ **ZIP** _____

CONTACT PERSON _____ **PHONE** ( ) _____ **FAX** ( ) _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____

NEW INSTALL ☐ EXISTING ☐ REPLACEMENT ☐ OLD SER. # _____ **PROPER INSTALLATION? YES ☐ NO ☐**

MAKE OF ASSEMBLY _____ **MODEL** _____ **SERIAL NO.** _____ **SIZE** _____

Water Meter # _____

REDUCED PRESSURE DEVICE

INITIAL TEST **PASSED ☐** **FAILED ☐**	**CHECK VALVE NO.1** HELD TIGHT ☐ LEAKED ☐ _____ PSID 5.0 PSID min	**RELIEF VALVE** OPENING PRESSURE _____PSID 2.0 PSID min	**CHECK VALVE NO.2** HELD TIGHT ☐ LEAKED ☐ DIRECTION OF FLOW TEST _____ PSID 1.0 PSID min	**#2 SHUT OFF VALVE** HELD TIGHT ☐ LEAKED ☐
NEW PARTS AND REPAIRS	CLEAN REPLACE ☐ ☐ PARTS:	CLEAN REPLACE ☐ ☐ PARTS:	CLEAN REPLACE ☐ ☐ PARTS:	
RETEST **PASSED ☐** **FAILED ☐**	**CHECK VALVE NO.1** HELD TIGHT ☐ LEAKED ☐ _____ PSID 5.0 PSID min	**RELIEF VALVE** OPENING PRESSURE _____PSID 2.0 PSID min	**CHECK VALVE NO.2** HELD TIGHT ☐ LEAKED ☐ DIRECTION OF FLOW TEST _____ PSID 1.0 PSID min	

REMARKS: _____

TESTERS SIGNATURE: _____ **CERT. NO.** _____ **DATE** _____

TESTERS NAME PRINTED: _____ **TESTERS PHONE # ( )** _____

REPAIRED BY: _____ **DATE** _____

FINAL TEST BY: _____ **CERT. NO.** _____ **DATE** _____

SERVICE RESTORED? YES ☐ NO ☐