

Backflow Preventer Assembly Report


Service Address

Customer Name _____
 Address _____
 City/State/Zip _____
 Phone _____

Tester Information

Company _____
 Address _____
 City/State/Zip _____
 Phone _____

I. Test Data: Provide service information. Record initial test results, maintenance / repairs, and final test.

	Certification Test	<input type="checkbox"/> New Installation <input type="checkbox"/> Replacement <input type="checkbox"/> Repair <input type="checkbox"/> Certification			
	Service	Meter #: _____ Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire			
	Reduce Pressure Zone Assembly		PVB	Backflow Preventer	
	Double Check Valve Assembly				
Initial Test	<u>Check Valve #1</u>	<u>Check Valve #2</u>	<u>Relief Valve</u>	<u>Air Inlet</u>	Type _____ Size _____ Make _____ Model _____ Serial _____ _____ _____
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Open @ _____ Did not open <input type="checkbox"/>	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	-or-	<u>Check Valve</u>	
	Held @ _____ PSID	Held @ _____ PSID	Open @ _____ PSID	Held Tight @ _____ Leaked <input type="checkbox"/>	
Repair Details					
Final Test	<u>Check Valve #1</u>	<u>Check Valve #2</u>	<u>Relief Valve</u>	<u>Air Inlet</u>	<input type="checkbox"/> Internal -or - <input type="checkbox"/> Containment
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Open @ _____ PSID	Open @ _____ PSID Did not open <input type="checkbox"/>	
	Held @ _____ PSID	Held @ _____ PSID		<u>Check Valve</u>	
				Held @ _____ PSID Leaked <input type="checkbox"/>	

II. Certification: Provide permit number, replacement information, location, Sign and date.

Location / Comments:

Test Kit Make _____ Serial #: _____ Calibration Date ____/____/____

	Date	Tester (print)	Signature	Pass/ Fail
Initial Test	/ /			<input type="checkbox"/> <input type="checkbox"/>
Repairs	/ /			
Final Test	/ /			<input type="checkbox"/> <input type="checkbox"/>