

Backflow Assembly Test Report

Water Utility Name: _____

Owner of Assembly: _____ Phone No.: _____

Address of Assembly: _____ City: _____ State: _____ Zip: _____

Location of Assembly: _____ Protecting: _____

Serial No.: _____ Size of Assembly: _____ Model No.: _____

Name of Assembly Manufacturer: _____

Existing
 New
 Replaced (old serial # _____)
 Removed
 Inactivated
 Line Pressure: _____
 RP
 DC
 AVB
 SVB
 PVB
 Air Gap (Explain on back of report)

-----INITIAL TEST-----					
Check Valve #1		Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker	Spill-Resistant Vacuum Breaker
Reduced Pressure Assembly	PSI Across _____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at _____ psi <input type="checkbox"/> Opened under 2 psi or did not open	Air Inlet Opened at: _____ psi <input type="checkbox"/> Fully Open	Air Inlet Open at: _____ psi <input type="checkbox"/> Fully Open
Double Check Assembly	Check valve held at _____ psi	Check Valve held at _____ psi		Check Valve held at _____ psi	Check Valve held at _____ psi
-----REPAIRS-----					
<input type="checkbox"/> Cleaned (explain): <input type="checkbox"/> Repair/Replace (explain):	<input type="checkbox"/> Cleaned (explain): <input type="checkbox"/> Repair/Replace (explain):	<input type="checkbox"/> Cleaned (explain): <input type="checkbox"/> Repair/Replace (explain):	<input type="checkbox"/> Cleaned (explain): <input type="checkbox"/> Repair/Replace (explain):	<input type="checkbox"/> Cleaned (explain): <input type="checkbox"/> Repair/Replace (explain):	
-----FINAL TEST-----					
PSI Across _____ <input type="checkbox"/> Closed Tight	PSI Across _____ <input type="checkbox"/> Closed Tight	Opened at _____ Reduced Pressure	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Satisfactory	

Technician Name PRINT: _____ Certification No.: _____ Phone No.: _____
 Initial Test By SIGN: _____ Date: _____ Time: _____
 Repaired By SIGN: _____ Date: _____
 Final Test By SIGN: _____ Date: _____
 This assembly's INITIAL TEST performance was:
 Pass
 Fail
 This assembly's FINAL TEST performance was:
 Pass
 Fail

BY: _____ Assembly Owner Representative PRINT: _____

I certify the above test has been performed, I am aware of the final performance, and I agree to pay the technician.

Distribution: Assembly Owner, Tester, and Water Utility

Comments:

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