

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## ASSEMBLY INFORMATION

Test Date \_\_\_\_\_ Time \_\_\_\_\_

Last Test Date \_\_\_\_\_ Final Test Date \_\_\_\_\_

New Installation:  Yes  No

Assembly Serial Number: \_\_\_\_\_

Assembly Type: \_\_\_\_\_

Size: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Location Description (be specific):  
\_\_\_\_\_  
\_\_\_\_\_

Water Meter Number: \_\_\_\_\_

### CUSTOMER INFORMATION

Company Name \_\_\_\_\_

Company Contact Person \_\_\_\_\_

Company Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

### FACILITY INFORMATION

Facility Name \_\_\_\_\_

Facility Contact Person \_\_\_\_\_

Facility Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Protected from Freezing:  Yes  No

Protected from Flooding:  Yes  No

Does branch piping exist prior the water meter?

Yes  No

Does branch piping exist prior the backflow assembly?

Yes  No

Assembly Orientation:

Horizontal

Vertical

Containment

Isolation

Assembly Prevents Backflow From:

Supply Pressure \_\_\_\_\_ PSI

Height off Floor \_\_\_\_\_

#### REDUCED PRESSURE PRINCIPAL ASSEMBLY

RELIEF VALVE opened at (=>2 PSID)

2ND CHECK held backpressure

1ST CHECK held in direction of flow (=>5 PSID)

DIFFERENCE (=> 3 PSID)

NO. 2 SHUTOFF VALVE leak tight

2ND CHECK held in direction of flow (=>1 PSID)

#### INITIAL TEST

Pass Fail  
\_\_\_\_ PSID

\_\_\_\_ PSID

\_\_\_\_ PSID

\_\_\_\_ PSID

Yes  No

#### FINAL TEST

Pass Fail  
\_\_\_\_ PSID

\_\_\_\_ PSID

\_\_\_\_ PSID

\_\_\_\_ PSID

Yes  No

#### REPAIR NOTES AND TESTER COMMENTS

#### DOUBLE CHECK VALVE ASSEMBLY

1ST CHECK held in direction of flow (=> 1 PSID)

2ND CHECK held in direction of flow (=> 1 PSID)

#### INITIAL TEST

Pass Fail  
\_\_\_\_ PSID

\_\_\_\_ PSID

#### FINAL TEST

Pass Fail  
\_\_\_\_ PSID

\_\_\_\_ PSID

#### PRESSURE/SPILL-RESISTANT VACUUM BREAKER

AIR INLET opened at (=> 1 PSID)

CHECK held in direction of flow (=> 1 PSID)

AIR INLET fully open when supply pressure atmospheric

#### INITIAL TEST

Pass Fail  
\_\_\_\_ PSID

\_\_\_\_ PSID

Yes  No

#### FINAL TEST

Pass Fail  
\_\_\_\_ PSID

\_\_\_\_ PSID

Yes  No

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE, AND COMPLETE.

Signature \_\_\_\_\_

Date \_\_\_\_\_

ABPA Certification No. \_\_\_\_\_

Serial # of Test Kit Used \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Expiration \_\_\_\_\_

Company Name (Employed By) \_\_\_\_\_