

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: _____
(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"/> Cleaned (explain): | <input type="checkbox"/> Cleaned (explain): | <input type="checkbox"/> Cleaned (explain): | <input type="checkbox"/> Cleaned (explain): | <input type="checkbox"/> Cleaned (explain): |
| <input type="checkbox"/> Repair/Replace (explain): | <input type="checkbox"/> Repair/Replace (explain): | <input type="checkbox"/> Repair/Replace (explain): | <input type="checkbox"/> Repair/Replace (explain): | <input type="checkbox"/> Repair/Replace (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.

Comments:
