

# 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
<b>Reduced Pressure Assembly</b>	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
<b>Double Check Assembly</b>	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"/> 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.*

