

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:
