



## BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Date of Test: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Premises: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Water Acct #: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_ Meter #: \_\_\_\_\_

Type of Assembly: RP  DC  PVB  Other: \_\_\_\_\_ Size: \_\_\_\_\_

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

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES. VACUUM BREAKER
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight diff. pressure across check valve _____ psi #2 Shut off Valve held <input type="checkbox"/> leaks <input type="checkbox"/>	Opened at: _____ psi  Did not open <input type="checkbox"/>	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight diff. pressure across check valve _____ psi	Air inlet opened at _____ psi Did not open <input type="checkbox"/> Check Valve: Leaked <input type="checkbox"/> Held at _____ psi back pressure evaluation <input type="checkbox"/>
Repair: Explain below <input type="checkbox"/> Cleaned only <input type="checkbox"/> Cleaned and replaced: Rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/>	Repair: Explain below <input type="checkbox"/> Cleaned only <input type="checkbox"/> Cleaned and replaced: Rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/>	Repair: Explain below <input type="checkbox"/> Cleaned only <input type="checkbox"/> Cleaned and replaced: Rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/>	Repair: Explain below <input type="checkbox"/> Cleaned only <input type="checkbox"/> Cleaned and replaced: Rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/>

### TEST AFTER REPAIRS

Diff. pressure across CV _____ psi	Opened at: _____ psi	Diff. pressure across CV _____ psi	Air inlet _____ psi Check valve _____ psi
---------------------------------------	-------------------------	---------------------------------------	--

**NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS.**

REMARKS: \_\_\_\_\_

*I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT.*

CERTIFIED TESTING COMPANY: \_\_\_\_\_ TEST EQUIP. USED: \_\_\_\_\_

PASSED: \_\_\_\_\_ FAILED-REPAIR NEEDED: \_\_\_\_\_

INITIAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO: \_\_\_\_\_ EXP. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CERTIFIED TESTER: \_\_\_\_\_