



**BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT**

**SUBMIT IN TRIPLICATE**

DATE OF TEST: \_\_\_\_\_

NAME OF PREMISE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TEL #: \_\_\_\_\_

LOCATION OF DEVICE: \_\_\_\_\_

TYPE OF DEVICE: RP  D.C.  PVB  OTHER \_\_\_\_\_ SIZE: \_\_\_\_\_ PERMIT NUMBER \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ METER NUMBER: \_\_\_\_\_

MODEL NUMBER: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

PRESSURE DROP ACROSS FIRST CHECK VALVE _____ PSI				PRESSURE VACUUM BREAKER AIR INLET OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	
DOUBLE CHECK		REDUCED			
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE		
<b>INITIAL TEST</b>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED <input type="checkbox"/> 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ LBS DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ LBS. DID NOT OPEN <input type="checkbox"/>	
<b>R E P A I R S</b>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> C.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT <input type="checkbox"/> R.V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RINGS <input type="checkbox"/> OTHER <input type="checkbox"/>	CHECK VALVE LEAKED <input type="checkbox"/> HELD AT _____ PSID	
				CLEANED <input type="checkbox"/> REPLACED: C.V. ASSEMBLY <input type="checkbox"/> DISC AIR ASSEMBLY <input type="checkbox"/> DISC. C.V. <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RING <input type="checkbox"/> OTHER <input type="checkbox"/>	
	<b>FINAL TEST</b>	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPEN AT _____ LBS. REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

LINE PRESSURE \_\_\_\_\_  
 NOTE: ALL REPAIRS/REPLACEMENT SHALL 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 EQUIPT. USED \_\_\_\_\_

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

INITIAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_

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

FINAL TEST BY \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_

CERTIFIED TESTER SIGNATURE \_\_\_\_\_

EXP. DATE	MO	DAY	YR.
	MO	DAY	YR.