



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
DOUBLE CHECK		REDUCED		AIR INLET OPENED AT _____ LBS.
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	DID NOT OPEN <input type="checkbox"/>
INITIAL TEST	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"/>
REPAIRS	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CLEANED <input type="checkbox"/> REPLACED:	CHECK VALVE LEAKED <input type="checkbox"/> HELD AT _____ PSID
	RUBBER PARTS KIT <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/>	RUBBER PARTS KIT <input type="checkbox"/>	CLEANED <input type="checkbox"/>
	C.V. ASSEMBLY <input type="checkbox"/>	C.V. ASSEMBLY <input type="checkbox"/>	R.V. ASSEMBLY <input type="checkbox"/>	REPLACED:
	OR	OR	OR	C.V. ASSEMBLY <input type="checkbox"/>
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC AIR ASSEMBLY <input type="checkbox"/>
	O-RINGS <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	DISC. C.V. <input type="checkbox"/>
	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SEAT <input type="checkbox"/>	SPRING <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	RETAINER <input type="checkbox"/>
	STEM/GUIDE <input type="checkbox"/>	STEM/GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>
	RETAINER <input type="checkbox"/>	RETAINER <input type="checkbox"/>	O-RINGS <input type="checkbox"/>	O-RING <input type="checkbox"/>
LOCK NUTS <input type="checkbox"/>	LOCK NUTS <input type="checkbox"/>	OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>			
FINAL TEST	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.
EXP DATE	MO	DAY	YR.