



Backflow Prevention Assembly Field Test Report

Development Services - **Building Division**

Revision: 1.0

I.D. Number: 053.1

Revision Date: 6/27/19

Print Date: 6/27/19

(Submit in Triplicate)

Name of Premise: _____ Date of Test: _____

Contact Person: _____ Contact Phone: _____

Street Address: _____

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	
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
R E P A I R S	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT C.V. ASSEMBLY OR DISC O-RINGS SEAT SPRING STEM/GUIDE RETAINER LOCK NUTS OTHER _____	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT C.V. ASSEMBLY OR DISC O-RINGS SEAT SPRING STEM/GUIDE RETAINER LOCK NUTS OTHER _____	CLEANED <input type="checkbox"/> REPLACED: RUBBER PARTS KIT R.V. ASSEMBLY OR DISC DIAPHRAGM SEAT SPRING GUIDE O-RINGS OTHER _____	CHECK VALVE LEAKED <input type="checkbox"/> HELD AT _____ PSI
				CLEANED <input type="checkbox"/> REPLACED: C.V. ASSEMBLY DISC AIR ASSEMBLY SPRING DISC. C.V. SPRING RETAINER GUIDE O-RING OTHER _____
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPEN AT _____ LBS. REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>



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Line Pressure _____

Note: All Repairs/Replacements 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 Equipment Used _____

Initial Test By: _____ Certified Tester No: _____

PASSED Expiration Date: _____

FAILED – REPAIR NEEDED Expiration Date: _____

Repaired By: _____ Date Repaired: _____

Final Test By: _____ Certified Tester No: _____

Certified Tester Signature: _____