BACKFLOW PREVENTION

ASSEMBLY TEST REPORT

Owner: _____ Commercial ☐   Residential ☐

Address of Device: _____

Contact Person: _____ **Phone #:**_____ **Fax #:**_____

Location of Assembly: _____

New: ☐ **Existing:** ☐ **Replacement:** ☐ **Old Ser. #**_____ **Proper Installation: Yes** ☐ **No** ☐

Make of Assembly:_____ **Model #:**_____ **Serial #:**_____ **Size:**_____

	DCVA/RPBA CHECK VALVE #1	**DCVA/RPBA CHECK VALVE #2**	**RPBA**	**PVBA/SVBA AIR INLET**
Initial Test **Passed** ☐ **Failed** ☐	Held Tight ☐ Leaked ☐ _____PSID	Held Tight ☐ Leaked ☐ _____PSID	Opened at ____PSID #1 Check _____PSID Air Gap OK? _____	Opened at _____PSID Did Not Open ☐
New Parts and Repairs	Clean Replace Part ☐ ☐ ____ ☐ ☐ ____ ☐ ☐ ____ ☐ ☐ ____	Clean Replace Part ☐ ☐ ____ ☐ ☐ ____ ☐ ☐ ____ ☐ ☐ ____	Clean Replace Part ☐ ☐ ____ ☐ ☐ ____ ☐ ☐ ____ ☐ ☐ ____	Check Valve Held at _____PSID Leaked ☐ Cleaned ☐ Repaired ☐
Test After Repairs **Passed** ☐ **Failed** ☐	Held Tight ☐ Leaked ☐ _____PSID	Held Tight ☐ Leaked ☐ _____PSID	Opened at ____PSID #1 Check _____PSID	Air Inlet _____PSID Check Valve ____PSID

Remarks:

_____

_____Line Pressure**: _____PSI**

Testers Signature: _____**Cert. #:** _____ Date: _____

Testers Name Printed:_____ **Testers Phone #:** _____

Repaired By: _____ **Date:** _____

Final Test By:_____ **Cert. #:** _____ **Date:** _____