

Backflow Assembly Test Report

Water System

File No.:

Name: _____

Location of Assembly: _____

Owner of Assembly: _____

Address: _____

City: _____

State: _____

Zip: _____

Size of Assembly: _____

Model No.: _____

Serial No.: _____

Name of Assembly Manufacturer: _____

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
I N T I A L	RP PSI Across _____	PSI Across _____	Opened at ____# Opened Under 2# or did not open <input type="checkbox"/>	AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/>
	DC Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Air Inlet Disc <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Air Inlet Spring <input type="checkbox"/>
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Check Disc <input type="checkbox"/>
	Pin Feather <input type="checkbox"/>	Pin Feather <input type="checkbox"/>	Seat(s) <input type="checkbox"/>	Check Spring <input type="checkbox"/>
	Hingepin <input type="checkbox"/>	Hingepin <input type="checkbox"/>	O-ring(s) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Module <input type="checkbox"/>	
Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Other (describe) <input type="checkbox"/>		
Other (describe) <input type="checkbox"/>	Other (describe) <input type="checkbox"/>			
FINAL TEST	PSI Across _____ Closed Tight <input type="checkbox"/>	PSI Across _____ Closed Tight <input type="checkbox"/>	Opened at ____ # Reduced Pressure	Satisfactory <input type="checkbox"/>

Initial Test By: _____ Certification No.: _____ Date: _____

Repaired By: _____ Date: _____

Final Test By: _____ Certification No.: _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory Unsatisfactory

This assembly's FINAL TEST performance was: Satisfactory Unsatisfactory

I certify the above test has been performed and I am aware of the final performance.

BY: _____ Assembly Owner Representative

Distribution: White - Assembly Owner

Pink – Tester

Canary – Water Utility