



BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Date of Test: _____ Contact Person: _____
 Name of Premises: _____ Telephone #: _____
 Street Address: _____ Water Acct #: _____
 Location of Assembly: _____ Meter #: _____
 Type of Assembly: RP DC PVB Other: _____ Size: _____
 Manufacturer: _____
 Model: _____ Serial #: _____

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES. VACUUM BREAKER
Leaked Closed tight diff. pressure across check Valve _____ psi #2 Shut off Valve held _____ leaks	Opened at: _____ psi Did not open	Leaked Closed tight diff. pressure Across check valve _____ psi	Air inlet opened At _____ psi Did not open Check Valve: Leaked Held at _____ psi back pressure evaluation
Repair: Explain below Cleaned only Cleaned and replaced: Rubber kit CV assembly	Repair: Explain below Cleaned only Cleaned and replaced: Rubber kit RV assembly	Repair: Explain below Cleaned only Cleaned and replaced: Rubber kit CV assembly	Repair: Explain below Cleaned only Cleaned and replaced: Rubber kit CV assembly

TEST AFTER REPAIRS

Diff. pressure across CV _____ psi	Opened at: _____ psi	Diff. pressure across CV _____ psi	Air inlet _____ psi Check valve _____ psi
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NOTE: ALL REPAIRS MUST 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 EQUIP. USED _____
 PASSED: _____ FAILED-REPAIR NEEDED: _____
 INITIAL TEST BY: _____ CERTIFIED TESTER NO: _____ EXP. DATE: _____
 REPAIRED BY: _____ DATE: _____
 FINAL TEST BY: _____ CERTIFIED TESTER NO: _____ EXP. DATE: _____
 CERTIFIED TESTER: _____