

Backflow Assembly Test Report

Water System Name: _____ File No.: _____
 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"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:	Cleaned <input type="checkbox"/> Replaced:
	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"/> Other (describe) <input type="checkbox"/>	Diaphragm <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