

Service Address

Hazard/CCID: 6405

Backflow Prevention Assembly Test Report

*

Location: _____

Meter#:

Serial #: Check if Correct Corrections

LID/Service:

Account #:

Manufacturer:

REF:

Model:

Site Use:

Type:

Hazard:

Size:

Mailing Address

Orientation:

Protection:

Test Due No Later than:

Existing Removed
New Replaced

Commercial Industrial Residential Municipal

Domestic Irrigation Fire

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Leaked

Leaked

Did not open

Date _____

Closed Tight

Closed Tight

Did not open

Opened Fully Yes

Leaked

Time _____

No

Opened at ____ PSID

Held at ____ PSID

Pass Fail

Held at ____ PSID

Held at ____ PSID

Opened at ____ PSID

Repairs

Cleaned

Rubber Kit

Rebuild

Replaced

Other

Date _____

Time _____

Final Test

Closed Tight

Closed Tight

Opened Fully

Date _____

Time _____

Held at ____ PSID

Held at ____ PSID

Opened at ____ PSID

Opened at ____ PSID

Held at ____ PSID

Pass Fail

Air Gap

Date _____

Time _____

Diameter _____

Separation _____

Pass Fail

Comments:

Proper Installation Yes No
RV Exercised
#2 Shutoff Closed
Service Restored

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester _____ Signature _____

Line Pressure _____

Certification # _____ Expire _____ Phone _____

Meter Reading _____

Test Kit Serial # _____ Calibration Date _____

Company _____ Phone _____

Test Results
Pass **Fail**



Submit completed
Test Report

Fax: