



PO Box 261 Forestville, CA 95436

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

BF # _____ Loc # _____

Address: _____

Meter #: _____

	ASSEMBLY INFORMATION
	TYPE: _____
	SIZE: _____ MFG: _____
	MODEL #: _____
	SERIAL #: _____

REPORT OF TEST RESULTS

APPARENT PRESSURE DROP ACROSS NO. 1 CHECK VALVE _____ PSID

Reduced Pressure Principle Assembly					SHUT-OFF VALVE
Double Check valve Assembly		Relief Valve	PVB/SVB		
Check Valve #1	Check Valve #2				
Held at _____ PSID	Held at _____ PSID	Open at _____ PSID	AIR INLET	Closed Tight <input type="checkbox"/>	
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Opened at _____ PSID	Leaked <input type="checkbox"/>	
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	NO. 2	
<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	CHECK VALVE	Closed Tight <input type="checkbox"/>	
<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	<input type="checkbox"/> Replaced	Held at _____ PSID	Leaked <input type="checkbox"/>	
			Leaked <input type="checkbox"/>	Valve No. _____	
			<input type="checkbox"/> Cleaned	Cleaned <input type="checkbox"/>	
			<input type="checkbox"/> Replaced	Replaced <input type="checkbox"/>	
				Replaced With: _____	
				Type: _____	
				Mfg: _____	
_____ PSID	_____ PSID		Air Inlet _____ PSID	Both Valves	
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Check Valve _____ PSID	Closed Tight <input type="checkbox"/>	

Comments: _____

Initial Test	Date: _____ Time: _____	Certified Tester #: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Test By (Signature): _____		Print Name: _____
Repair	Date: _____ Time: _____	Certified Tester #: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Test By (Signature): _____		Print Name: _____
Final Test	Date: _____ Time: _____	Certified Tester #: _____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Test By (Signature): _____		Print Name: _____