



# SUSTAINABLE DEVELOPMENT – BUILDING SERVICES

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Rev: 1 | Revision Date: 2/23/2017 | Print Date: 2/23/2017  
 I.D. Number: BPATR

Backflow Prevention Assembly Test Report						
<b>Service Address</b>   <b>Mailing Address</b>  		Permit #: _____ Account #: <input type="checkbox"/> _____ Meter #: <input type="checkbox"/> _____ Serial #: <input type="checkbox"/> _____ Manufacturer: <input type="checkbox"/> _____ Model: <input type="checkbox"/> _____ Type: <input type="checkbox"/> _____ Size: <input type="checkbox"/> _____ Location: _____				
<b>Test Due No Later than:</b>		Existing <input type="checkbox"/> New <input type="checkbox"/> Removed <input type="checkbox"/> Replaced <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Municipal <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/>				
<b>Reduced Pressure Principle Assembly</b> <b>Double Check Valve Assembly</b>			<b>Air Gap</b> Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/> <b>PVB/SVB</b>			
		Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
<b>Initial Test</b> Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Leaked <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b> Date _____ Time _____		Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>				
<b>Final Test</b> Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
Comments: _____ _____ _____						
<input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted. Please Print. Tester _____ Company _____ Certification # _____ Phone _____ Expire _____ Test Kit Serial # _____ Signature _____ Calibration Date _____ <input type="checkbox"/> I certify that I am a state fire marshal certified to test backflow assemblies on fire lines. Please Print. Fire Tester _____ Company _____ Certification # _____ Expire _____					Yes No Proper Installation <input type="checkbox"/> <input type="checkbox"/> RV Exercised <input type="checkbox"/> <input type="checkbox"/> Service Restored <input type="checkbox"/> <input type="checkbox"/> #2 Shutoff Tight <input type="checkbox"/> <input type="checkbox"/> Line Pressure _____ Bypass Meter Reading _____ Test Kit Mfg _____ Test Kit Model _____	