

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Service Address \_\_\_\_\_

Name of Premises \_\_\_\_\_ Location of device \_\_\_\_\_

Device \_\_\_\_\_  
Manufacturer Model Size Serial Number

Test Kit \_\_\_\_\_  
Manufacturer Serial Number Date Certified

- RP
- DC
- DCDA
- RPDA

| <b>Reduced Pressure Principle Assembly</b> |                                       |                                 |                                       |                                 |
|--|---------------------------------------|---------------------------------|---------------------------------------|---------------------------------|
| Relief Valve Opening Point                 | Check Valve # 2 Backpressure Test     | Check Valve #1                  | Shutoff Valve #2                      | Check Valve #2                  |
| Opened at _____ psid                       | Closed Tight <input type="checkbox"/> | Held at _____ psid              | Closed Tight <input type="checkbox"/> | Held at _____ psid              |
| Did not open <input type="checkbox"/>      | Leaked <input type="checkbox"/>       | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/>       | Leaked <input type="checkbox"/> |

| <b>Double Check Valve Assembly</b>    |                                 |                                       |                                 | <b>Backflow Assembly Status</b>  |
|---------------------------------------|---------------------------------|---------------------------------------|---------------------------------|--|
| Check Valve #2 Backpressure Test      | Check Valve # 1                 | Shutoff Valve #2                      | Check Valve #2                  |  |
| Closed Tight <input type="checkbox"/> | Held at _____ psid              | Closed Tight <input type="checkbox"/> | Held at _____ psid              | <b>PASSED</b> <input type="checkbox"/><br><br><b>FAILED</b> <input type="checkbox"/> |
| Leaked <input type="checkbox"/>       | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/>       | Leaked <input type="checkbox"/> |  |

Date \_\_\_\_\_ Time \_\_\_\_\_ Certified Tester # \_\_\_\_\_

Test by (Signature) \_\_\_\_\_ Print Name \_\_\_\_\_

Your signature certifies that all information provided on this section is correct.

Comments: \_\_\_\_\_

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