

# 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	R P	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"/>
	D C	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"/>	Diaphragm <input type="checkbox"/>	Other (describe) <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