



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

INSTALL ID: _____ ACCOUNT #: _____

NAME OF PREMISE : _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

DOWNSTREAM PROCESS: _____ DCVA RP PVBA OTHER: _____

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST	DCVA/RP CHECK VALVE NO.1	DCVA/RP CHECK VALVE NO.2	RELIEF VALVE	PVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK?	OPENED AT _____ PSID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____

TESTER'S SIGNATURE _____ CERT. NO. _____ DATE _____ LINE PRESSURE _____

TESTER'S NAME PRINTED _____ TESTERS PHONE # () _____

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO

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