



## BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Date: \_\_\_\_\_

Name of Premise: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Location of Assembly: \_\_\_\_\_ Customer No.: \_\_\_\_\_

Type of Assembly:  R.P.     D.C.     P.V.B.    Other \_\_\_\_\_ Size: \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Meter No.: \_\_\_\_\_  
 Model Number: \_\_\_\_\_ Serial No.: \_\_\_\_\_

DOUBLE CHECK		REDUCED PRESSURE		PRESSURE VACUUM BREAKER
CHECK VALVE #1	DIFFERENTIAL PRESSURE RELIEF VALVE	CHECK VALVE #2		
1. Leaked <input type="checkbox"/>	Opened at _____ psi	1. Leaked <input type="checkbox"/>	Diff. Pressure Across Check Valve _____ psi	Air Inlet
2. Closed Tight <input type="checkbox"/>		2. Closed Tight <input type="checkbox"/>		Opened At _____ psi
Diff. Pressure Across Check Valve _____ psi	Did Not Open <input type="checkbox"/>			Did Not Open <input type="checkbox"/>
Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>	Cleaned Only <input type="checkbox"/>		Check Valve Leaked <input type="checkbox"/>
Replaced	Replaced	Replaced		Held At _____ psi
Rubber Parts Kit <input type="checkbox"/>	Rubber kit <input type="checkbox"/>	Rubber Parts Kit <input type="checkbox"/>		Cleaned Only <input type="checkbox"/>
C.V. Assembly <input type="checkbox"/>	R.V. Assembly <input type="checkbox"/>	C.V. Assembly <input type="checkbox"/>		Replaced
or	or	or		C.V. Assembly <input type="checkbox"/>
Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>		Disc Air Assembly <input type="checkbox"/>
O-Ring <input type="checkbox"/>	Diaphragm(s) <input type="checkbox"/>	O-Ring <input type="checkbox"/>		Disc C.V. <input type="checkbox"/>
Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>		Spring <input type="checkbox"/>
Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>		Retainer <input type="checkbox"/>
Stem/Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Stem/Guide <input type="checkbox"/>		Guide <input type="checkbox"/>
Retainer <input type="checkbox"/>	O-Ring <input type="checkbox"/>	Retainer <input type="checkbox"/>		O-Ring <input type="checkbox"/>
Lock Nuts <input type="checkbox"/>	Other <input type="checkbox"/>	Lock Nuts <input type="checkbox"/>		Other <input type="checkbox"/>
Other <input type="checkbox"/>		Other <input type="checkbox"/>		
Diff. Pressure Across Check Valve _____ psi	Opened At _____ psi	Diff. Pressure Across Check Valve _____ psi		Air Inlet _____ psi
				Check Valve _____ psi

Line Pressure \_\_\_\_\_

**NOTE:** All repairs/replacement shall be completed within ten (10) days.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.**

Tester \_\_\_\_\_ Certif. No. \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH DAY YEAR