

Backflow Prevention Assembly Test Report

Date of Test:		
Type of Installation: <input type="checkbox"/> Containment <input type="checkbox"/> Isolation		
Customer Name:		
Service Address:		
Water Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Protection		
Type of Assembly: <input type="checkbox"/> RPZA <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> PVB		Size of Assembly:
Manufacturer:	Model:	Serial Number:
Location of Assembly:		
Complete if assembly is a DCDA or RPDA: (A separate test form is required for both main and detector assemblies.)		
Meter Make:	Meter Number:	Meter Read: <input type="checkbox"/> Cubic ft. <input type="checkbox"/> Gallons
Reduced Pressure Zone Assembly (RPZA)	Double Check Valve Assembly (DCVA)	Pressure Vacuum Breaker (PVB)
(Step 1) CV 1 Initial Test <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	(Step 1) Gauge Pressure Across CV 1 <input type="checkbox"/> Leaked (1 or more) <input type="checkbox"/> Closed Tight Gauge _____ psi	(Step 1) Air Inlet Opening Point Opened at _____ psi <input type="checkbox"/> Did Not Open
(Step 2) Relief Valve Opening Point Opened at _____ psi <input type="checkbox"/> Did not open	(Step 2) Gauge Pressure Across CV 2 <input type="checkbox"/> Leaked (1 or more) <input type="checkbox"/> Closed Tight Gauge _____ psi	(Step 2) Gauge Pressure Across CV CV Held at _____ psi <input type="checkbox"/> Check Valve Leaked
(Step 3) CV 2 Initial Test <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Test Gauge Information	
	Test Gauge Make:	Test Gauge Model:
	Serial Number:	Next Calibration Date:
(Step 4) Gauge Pressure Across CV 1 _____ psi (5 or more) - _____ RV Opening Point (2 or more) = _____ Buffer (3 or more)	Tester Information	
	Tester Name (Printed):	
	ATT Number:	RT Number:
	Telephone:	Email:
(Step 5) Check Outlet SOV <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Remarks	
(Step 6) Gauge Pressure Across CV 2 _____ psi (1 or more)		
<input type="checkbox"/> Assembly Passed Test and requires no maintenance or repairs. The next scheduled test is 1-Year from this date.		
<input type="checkbox"/> Assembly Failed Initial Test. Failure requires repair and re-testing within ten (10) working days of a failed test.		
<i>I hereby certify that the above data is true, accurate and reflects the proper operation of the prescribed assembly.</i>		
Tester Signature:		Date:
Customer Signature:		Date: