



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

FAILED, ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

PLEASE RETURN TO:
599 S. MAIN STREET
JOHNSTOWN, OHIO 43031
740.967.3177

CUSTOMER AND PROPERTY INFORMATION - PLEASE PRINT

PROPERTY ADDRESS: _____

BUSINESS NAME: _____

CONTACT PERSON: _____ PHONE #: _____ EMAIL: _____ FAX: _____

DEVICE INFORMATION - PLEASE PRINT

NEW INSTALLATION: EXISTING: REPLACEMENT: OLD ASSEMBLY SERIAL NUMBER: _____

TYPE OF ASSEMBLY (CIRCLE ONE): AIR GAP RP DC PVB OTHER (SPECIFY) _____

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

WHAT HAZARD IS BEING ISOLATED? (i.e. boiler, irrigation, complete buiding) _____

DESCRIBE LOCATION ASSEMBLY: _____

Double Check Assembly				Reduced Pressure Assembly			Pressure Vacuum Breaker		
Initial Test	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Ax Inlet Valve	_____ psig	Pass <input type="checkbox"/>
						Fail <input type="checkbox"/>			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>
	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>			
			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			

Repairs & Material Used

Re-Test After Repairs	Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Air Inlet Valve	_____ psig	Pass <input type="checkbox"/>
						Fail <input type="checkbox"/>			Fail <input type="checkbox"/>
	1st Check Valve	_____ psid	Pass <input type="checkbox"/>	Relief Valve Opening Point	_____ psid	Pass <input type="checkbox"/>	Check Valve	_____ psig	Pass <input type="checkbox"/>
			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>
	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>	2nd Check Valve	_____ psid	Pass <input type="checkbox"/>	AIR GAP INSPECTION: Required Air Gap Separation Provided? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			Fail <input type="checkbox"/>			Fail <input type="checkbox"/>			
				Outlet Valve	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>			

DOES THE ASSEMBLY MEET PROPER PIPING INSTALLATION REQUIREMENTS? YES NO

ASSEMBLY PASSED (_____) FAILED: (_____) * NOTE ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

COMMENTS: _____

CERTIFIED TESTER INFORMATION - PLEASE PRINT

BY SIGNING BELOW, I CERTIFY THAT ALL INFORMATION ON THIS REPORT IS TRUE AND ACCURATE.

Tester's Name (Printed): _____ Cert #: _____

Test Equipment: Make: _____ Model: _____ SN#: _____ Cal. Date: _____

Tester's CO. Name: _____ Phone: _____

Tester's Signature: _____ Date: _____