



BACKFLOW ASSEMBLY TEST REPORT

Commercial Residential HOA New Construction? Yes No

Owner of Assembly: _____ Bldg. Permit No. _____

Owner Mailing Address: _____ City: _____ Zip: _____

Address of Assembly _____ City: _____ Zip: _____

Assembly Location Description: _____

Manufacturer: _____	Model No.: _____	Size: _____	Serial No.: _____
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Style: RP DC PVB SVB DCDA RPDA Air Gap

Reduced Pressure Principle Assembly				
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	AIR INLET
	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Opened at _____
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Did not open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Held at _____
	_____	_____	_____	Leaked <input type="checkbox"/>
	_____	_____	_____	Cleaned <input type="checkbox"/>
	_____	_____	_____	Replaced <input type="checkbox"/>
FINAL TEST	Closed tight _____	Closed tight _____	Closed tight _____	Air inlet _____
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Check Valve _____

Comments: _____

Initial test by: _____ Date: _____

Certification No.: _____ Pass Fail

Repaired by: _____ Date: _____

Certification No.: _____ Pass Fail

Final Test by: _____ Date: _____

Certification No.: _____ Pass Fail

Authorized by: _____