

Backflow Prevention Assembly Test Report

Incomplete forms **will not** be accepted and could
delay your compliance.

1. Water Purveyor:		2. Billing Account No:		3. Permit No.	
4. Service Name:		5. Service Address:			
6. Contact Name:		7. Contact Email:		8. Contact Phone:	
9. Primary Business or Service at this Location:					
10. Owner/Mgmt Co/Contractor:					
11. Mailing Address:					
12. Contact Name:		13. Contact Email:		14. Contact Phone:	
15. New <input type="checkbox"/> Existing <input type="checkbox"/> If new, removed assembly serial number: _____					
16. Purpose: Secondary/Containment <input type="checkbox"/> Primary/Point of Use (Isolation) <input type="checkbox"/>					
17. Use: Domestic <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Irrigation <input type="checkbox"/> Process <input type="checkbox"/>					
18. Assembly Type: Reduced Pressure <input type="checkbox"/> Double Check <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Other: _____					
19. Manufacturer:		20. Model NO:		21. Size:	22. Serial No:
23. Date Installed:		24. Last Inspection:		25. Line Pressure: PSI:	
26. Location:				27. Pressure Reducing Valve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Check Valve #1	Check Valve #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET OPENED AT
28. Initial Test	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO PSID _____	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO PSID _____	OPENED AT _____ PSID _____	OPENED AT _____ PSID _____
	2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	DID IT OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO
29. Repairs <i>Part Numbers must be listed in Comments section</i>	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO
	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO
	GUIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	GUIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	DIAPHRAGM <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
30. Final Test	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO PSID _____	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO PSID _____	OPENED AT _____ PSID _____	OPENED AT _____ PSID _____
	2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	DID IT OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHUT OFF VALVE# 1 CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REPAIRED	<input type="checkbox"/> REPLACED
	SHUT OFF VALVE# 2 CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REPAIRED	<input type="checkbox"/> REPLACED

Repairs (include part description / Comments: _____

Assembly Mechanical Test: Passed Failed
 If mechanical test fails, the Water Purveyor/Authority must be notified immediately and repairs made as soon as possible.
Assembly installation: (Visual Inspection during testing). Passed Failed
 Reason for failure: _____

Alarm Company/Fire Department notification: _____ **Name of Contact:** _____
 Turn Off Date: _____ Time: _____ Turn On Date: _____ Time: _____

Technician certifies this assembly has been tested in accordance with ASSE Procedures: 5010-
 Tester Name: _____ Certification No.: _____ Expires: _____
 Tester Signature: _____ **Test Date:** _____ Time: _____
 Tester Phone: _____ Test Gauge: _____ Gauge Re-Cert Date: _____

Owner or Agent Signature: X _____
 Signature indicates verification by Signer that isolation valves were returned to pre-test orientation.