

**BACKFLOW**

**PREVENTER REPORT**

EXISTING    REMOVED    NEW    REPAIRED    REPLACED    OLD S/N \_\_\_\_\_

PROPERTY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PREVENTER ADDRESS \_\_\_\_\_

WATER SUPPLIER \_\_\_\_\_ SERIAL# \_\_\_\_\_

LOCATION \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SIZE \_\_\_\_\_

TYPE    RP    RPDA    RPDA-II    DC    DCDA    DCDA-II    PVB    SVB    AVB    AG

HAZARD PROTECTED    PREMISE ISOLATION    IRRIGATION    FIRE SYSTEM    BOILER    OTHER \_\_\_\_\_

APPROVED:    ASSEMBLY    INSTALLATION    ORIENTATION    AIRGAP    PIPE SIZE \_\_\_\_\_ in PHYSICAL SEPARATION \_\_\_\_\_ in

<b>INITIAL TEST RESULTS</b>	<b>REDUCED PRESSURE ASSEMBLY</b>		<b>PVBA/SVBA</b>		<b>INITIAL TEST</b>	
	<b>CHECK #1</b> PRESS DROP: _____ <small>MIN 5 PSID</small>  <b>RELIEF VALVE</b>  OPENED AT: _____ <small>MIN 2 PSID</small>  <b>RELIEF VALVE</b> PASSED      FAILED	<b>DOUBLE CHECK</b> <b>CHECK #1</b> TYPE II  TIGHT _____ <small>MIN 1 PSID</small>  LEAKED _____ <small>MIN 1 PSID</small>  <b>CHECK #2</b>  TIGHT _____ <small>MIN 1 PSID</small>  LEAKED _____ <small>MIN 1 PSID</small>	<b>AIR INLET OPENED AT:</b>  _____ <small>MIN 1 PSID</small>  OPEN FULLY  DID NOT OPEN	<b>CHECK VALVE PRESS DROP:</b>  _____ <small>MIN 1 PSID</small>  FAILED		PASSED  FAILED  DATE _____  SYSTEM PSI _____ DETECTOR METER READING: _____ _____

<b>NOTES REPAIRS PARTS</b>	
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<b>REPAIR RESULTS</b>	<b>REDUCED PRESSURE ASSEMBLY</b>		<b>PVBA/SVBA</b>		<b>TEST AFTER REPAIRS</b>	
	<b>CHECK #1</b> PRESS DROP: _____ <small>MIN 5 PSID</small>  <b>RELIEF VALVE</b>  OPENED AT: _____ <small>MIN 2 PSID</small>  <b>RELIEF VALVE</b> PASSED      FAILED	<b>DOUBLE CHECK</b> <b>CHECK #1</b> TYPE II  TIGHT _____ <small>MIN 1 PSID</small>  LEAKED _____ <small>MIN 1 PSID</small>  <b>CHECK #2</b>  TIGHT _____ <small>MIN 1 PSID</small>  LEAKED _____ <small>MIN 1 PSID</small>	<b>AIR INLET OPENED AT:</b>  _____ <small>MIN 1 PSID</small>  OPEN FULLY	<b>CHECK VALVE PRESS DROP:</b>  _____ <small>MIN 1 PSID</small>  FAILED		DATE _____  PASSED

GAUGE S/N \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ CALIBRATION DATE \_\_\_\_\_

In completing and submitting this test report, the tester certifies that the assembly was tested and maintained in accordance with all applicable rules, laws codes and regulations of the state and water system using approved testing equipment and approved testing procedures.

<b>INITIAL TEST</b>		<b>TEST AFTER REPAIRS</b>		TESTERS CERT# _____  PHONE# _____ @ _____ EMAIL _____ WATER RESTORED? _____
TESTER SIGNATURE		TESTER SIGNATURE		
TESTER NAME (PRINTED)		TESTER NAME (PRINTED)		
TESTER ADDRESS		TESTER ADDRESS		
COMPANY NAME		COMPANY NAME		
REPORT RECEIVED BY (REPRESENTATION OF OWNER)		REPORT RECEIVED BY (REPRESENTATION OF OWNER)		