



BACKFLOW PREVENTION DEVICE TEST REPORT

CUSTOMER				CUSTOMER NUMBER				FILE NUMBER					
MAILING ADDRESS													
SERVICE LOCATION								METER NUMBER					
DATE OF TEST				TIME		AM		SUPPLY PRESSURE		AIR GAP (2 x SUPPLY DIA.)		PASS FAIL	
						PM		LBS.		IN.		IN.	
TYPE OF ASSEMBLY				MANUFACTURE				MODEL		SIZE		SERIAL NUMBER	
HEIGHT OFF FLOOR		PROTECT FROM:				PREVENTS BACKFLOW FROM:				NEW INSTALLATION			
IN. / FT.		FREEZING		YES		NO		Lawn Irrigation		Fire Protection		Other:	
		FLOODING		YES		NO		Domestic Usage		Boiler		YES NO	

INITIAL TEST  
REDUCED PRESSURE PRINCIPAL ASSEMBLY (RPZ)

		PASSED	FAILED
1ST CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (5 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE			
OPENED AT _____ PSID (2 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE			
(FIRST CHECK - RELIEF) _____ PSID (3 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
2 ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE exercised to heavy discharge		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Failure of any of the above items, requires repair.

FINAL TEST AFTER REPAIR  
REDUCED PRESSURE PRINCIPAL ASSEMBLY (RPZ)

		PASSED	FAILED
1ST CHECK HELD IN			
DIRECTION OF FLOW _____ *PSID (5 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE			
OPENED AT _____ PSID (2 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE			
(FIRST CHECK - RELIEF) _____ PSID (3 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
2 ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE exercised to heavy discharge		<input type="checkbox"/>	<input type="checkbox"/>

\* POUNDS PER SQUARE INCH DIFFERENTIAL

INITIAL TEST  
DOUBLE CHECK VALVE ASSEMBLY

		PASSED	FAILED
1ST CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Failure of any of the above items, requires repair.

FINAL TEST AFTER REPAIR  
DOUBLE CHECK VALVE ASSEMBLY

		PASSED	FAILED
1ST CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK HELD IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>

INITIAL TEST  
PRESSURE VACUUM BREAKER (PVB)

APPROVED APPLICATION ONLY

		PASSED	FAILED
INTERNAL CHECK HELD TIGHT IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
INLET POPPET OPENED AT _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Failure of any of the above items, requires repair.

FINAL TEST AFTER REPAIR  
PRESSURE VACUUM BREAKER (PVB)

		PASSED	FAILED
INTERNAL CHECK HELD TIGHT IN			
DIRECTION OF FLOW _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
INLET POPPET OPENED AT _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>

INITIAL TEST  
SPILL RESISTANT VACUUM BREAKER (SVP)

APPROVED APPLICATION ONLY

		PASSED	FAILED
DIFFERENTIAL PRESSURE			
ACROSS CHECK WAS _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
AIR INLET START TO OPEN AT _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
AIR INLET FULLY OPEN WHEN SUPPLY PRESSURE ATMOSPHERIC		<input type="checkbox"/>	<input type="checkbox"/>

NOTE: Failure of any of the above items, requires repair.

FINAL TEST AFTER REPAIR  
SPILL RESISTANT VACUUM BREAKER (SVP)

		PASSED	FAILED
DIFFERENTIAL PRESSURE			
ACROSS CHECK WAS _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
AIR INLET START TO OPEN AT _____ PSID (1 PSID OR MORE)		<input type="checkbox"/>	<input type="checkbox"/>
AIR INLET FULLY OPEN WHEN SUPPLY PRESSURE ATMOSPHERIC		<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

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Initial test performed by: (Please Print)	Signature:	Company:	Certificate No.	Date of Testing
			Expiration Date:	
Repaired by: (Please Print)	Signature:	Company:	Certificate No.	Date of Repair
			Expiration Date:	
Final test performed by: (Please Print)	Signature:	Company:	Certificate No.	Date of Testing
			Expiration Date:	