

**BACKFLOW PREVENTION DEVICE
 TEST REPORT**

| | | |
|--------------------------|-----------------------------|--------------------------|
| Address | | Postal Code: |
| Occupant | Emergency Contact Person | Telephone: |
| | | Email: |
| Owner | | Telephone: |
| Address of Owner | | Postal Code: |
| Name of Certified Tester | Tester Certification Number | Telephone |
| Business Name | Business Address | Email |
| Make of TEST KIT | Model Number | Serial Number |
| | | Date of Last Calibration |

Device Location _____ Purpose of Device _____

Test Date ____/____/____ RP DCVA PVB

Make _____ Model _____ Serial # _____ Size _____

Initial Test Annual Test Passed Failed Line Pressure _____

REDUCED PRESSURE BACKFLOW ASSEMBLY

| | | |
|---|---|--|
| <p>Check Valve No. 1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 1 Check _____</p> | <p>Check Valve No. 2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Pressure Differential Across No. 2 Check _____</p> | <p>Relief Valve <input type="checkbox"/> Failed to Open Opened at _____ Buffer Total = _____</p> |
|---|---|--|

Shut off valve No. 2 Leaked Closed Tight

Buffer (drop across first check valve minus opening of relief valve)

| | | | | | |
|--|---|---|---|---|---|
| <p style="text-align: center;">DOUBLE CHECK VALVE</p> <table border="0"> <tr> <td> <p>Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/></p> </td> <td> <p>Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/></p> </td> </tr> <tr> <td>Pressure Differential Across No. 1 Check _____</td> <td>Pressure Differential Across No. 2 Check _____</td> </tr> </table> | <p>Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/></p> | <p>Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/></p> | Pressure Differential Across No. 1 Check _____ | Pressure Differential Across No. 2 Check _____ | <p style="text-align: center;">PRESSURE VACUUM BREAKER Air Inlet Valve</p> <p>Opened At _____ <input type="checkbox"/> Failed to Open</p> <p>Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight</p> <p>Pressure Differential Across Check Valve _____</p> |
| <p>Check Valve No. 1 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/></p> | <p>Check Valve No. 2 With Flow Against Flow <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/> Closed Tight <input type="checkbox"/></p> | | | | |
| Pressure Differential Across No. 1 Check _____ | Pressure Differential Across No. 2 Check _____ | | | | |

If assembly fails test, complete this section and note repairs: (If Device replaces an existing device, list Serial # of existing device.)

Tester Signature: _____ Date: _____