



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

|                                      |  |             |  |
|--------------------------------------|--|-------------|--|
| Assembly ID                          | Facility Name                              |             |  |
| Acct Number                          | Meter #                                    |             | <b>Test Report Due:</b>                |
| <b>Service Address</b>               |  |             | Schedule Code                          |
|                                      |  |             | Assembly Info (Replacement/Correction) |
| Equip Location                       |  |             | SN <input type="checkbox"/>            |
| Location ID                          | Containment                                |             | Mfr <input type="checkbox"/>           |
| Contact Name                         | Ph   |             | Type <input type="checkbox"/>          |
| Map Page                             | #2   |             | Size <input type="checkbox"/>          |
|                                      |  |             | Model <input type="checkbox"/>         |
|                                      |  |             | Install Date                           |
|                                      |  |             | Permit Num                             |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Freeze Protection | Hazard Type | Haz. Level                             |

Line pressure at time of test: \_\_\_\_\_

### REPORT OF TEST RESULTS

Approved BFP

|  | Check Valve #1  | Check Valve #2  | Relief Valve  | PVB/SVB   | Shut Off Valves               |                          |                          |                          |
|--|---|---|---|---|-------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Initial Test</b>                    | <input type="checkbox"/> Held at _____ PSID   | <input type="checkbox"/> Held at _____ PSID   | <input type="checkbox"/> Opened at _____ PSID   | <input type="checkbox"/> Air Inlet Opened at _____ PSID   | Closed Tight                  | #1                       | #2                       |                          |
|  | <input type="checkbox"/> Closed Tight   | <input type="checkbox"/> Closed Tight   |   | <input type="checkbox"/> Did not Open   |                               | Leaked                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Pass</b>                            | <input type="checkbox"/> Leaked   | <input type="checkbox"/> Leaked   | <input type="checkbox"/> Did Not Open   | <input type="checkbox"/> Check Held at _____ PSID   |                               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>Fail</b>                            | <input type="checkbox"/> Leaked   | <input type="checkbox"/> Leaked   |   | <input type="checkbox"/> Leaked   |                               | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| <b>R<br/>e<br/>p<br/>a<br/>i<br/>r</b> | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED   | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED   | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED   | <input type="checkbox"/> CLEANED<br><input type="checkbox"/> REPLACED   | CLEANED<br>REPLACED<br>REPAIR | #1                       | #2                       |                          |
|  | <input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Guide<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | <input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Guide<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | <input type="checkbox"/> Disc<br><input type="checkbox"/> Spring<br><input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Seat<br><input type="checkbox"/> O-Ring(s)<br><input type="checkbox"/> Module<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | <input type="checkbox"/> Air Inlet Disc<br><input type="checkbox"/> Air Inlet Spring<br><input type="checkbox"/> Check Disc<br><input type="checkbox"/> Check Spring<br><input type="checkbox"/> Float<br><input type="checkbox"/> Diaphragm<br><input type="checkbox"/> Rubber Kit<br><input type="checkbox"/> _____ | Other                         | #1                       | #2                       |                          |
|  | Other/Notes: _____  |   |   |   |                               |                          |                          |                          |
| <b>Final Test</b>                      | _____ PSID  | _____ PSID  | <input type="checkbox"/> Opened at _____ PSID   | Air Inlet _____ PSID  | Closed Tight                  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
|  | <input type="checkbox"/> Closed Tight   | <input type="checkbox"/> Closed Tight   | _____ PSID  | CK Valve _____ PSID   | <b>Pass</b>                   | <input type="checkbox"/> |                          |                          |

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

|                 |             |       |           |         |          |         |       |
|-----------------|-------------|-------|-----------|---------|----------|---------|-------|
| Initial Test By | Certificate | Date: | Gauge Num | Time In | Time Out | Company | Phone |
| Final Test By   |             |       |           |         |          |         |       |
| Repair By       |             |       |           |         |          |         |       |