



1. Water Purveyor		2. Water Meter No.		3. Permit No.	
4. Manufacturer		4. Size	4. Model No.	4. Serial No.	
5. Management Company			5. Mgmt Company Contact Person		5. Phone
5. Management Company Address				5. City, State, Zip	
6. Owner			6. Owner Contact Person		6. Phone
6. Owner Address				6. City, State, Zip	
7. Backflow Assembly Address				7. Primary Business or Service at This Location	
7. Location of Assembly On-Site				8. New Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No Replacement Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No Serial Number _____	
9. Purpose: <input type="checkbox"/> Secondary/Containment <input type="checkbox"/> Primary/Point of Use			9A. <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape <input type="checkbox"/> Potable/Domestic		
10. Type of Assembly: <input type="checkbox"/> SVB <input type="checkbox"/> PVB <input type="checkbox"/> DC <input type="checkbox"/> RP <input type="checkbox"/> Other _____				11. Line Pressure Back Pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>CHECK VALVE #1</b>	<b>CHECK VALVE #2</b>	<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>		AIR INLET OPENED AT _____ PSID LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>12. INITIAL TEST</b>	1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID 2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No	1. CLOSED TIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID 2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> Yes <input type="checkbox"/> No		CHECK VALVE HELD AT _____ PSID 2. LEAKED <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. REPAIRS</b> <u>Part numbers must be listed in Comments section.</u>	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
	RUBBER KIT	RUBBER KIT	RUBBER KIT		RUBBER KIT
	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No	DISC <input type="checkbox"/> Yes <input type="checkbox"/> No		DISC <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	GUIDE <input type="checkbox"/> Yes <input type="checkbox"/> No		GUIDE <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
SHUT OFF VALVE # _____ <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED <input type="checkbox"/> BOTH OK					
<b>FINAL TEST</b>	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 REDUCED PRESSURE		AIR INLET _____ PSID CHECK VALVE _____ PSID

**THIS REPORT IS CERTIFIED TO BE TRUE.**

<b>Test Company Name</b>	<b>Test Company Address</b>	<b>Test Company Phone</b>	
16. INITIAL TEST (IF FAILED) BY:	CERTIFIED TESTER NO.	DATE FAILED	TEST KIT SERIAL #
REPAIRED (IF NECESSARY) BY:	CERTIFICATION NO.	REPAIR DATE	
FINAL TEST BY:	CERTIFIED TESTER NO.	DATE PASSED	TEST KIT SERIAL #

**COMMENTS FOR 13, 14, & 15 (see instructions):** \_\_\_\_\_