

Backflow Assembly Test Report

Water System Name: File No.:  
Location of Assembly:  
Owner of Assembly:  
Address: City: State: Zip  
Size of Assembly: Model No.: Serial No.:  
Name of Assembly Manufacturer:

I N T I A L	Check Valve #1		Check Valve #2		Differential Pressure Relief Valve		Pressure Vacuum Breaker		
	R P	PSI Across		PSI Across		Opened at ____ # Opened Under 2# or did not open <input type="checkbox"/>		AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/>	
	D C	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>				CHECK VALVE: Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	
R E P A I R S		Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat(s) <input type="checkbox"/> O-ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other (describe) <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Other (describe) <input type="checkbox"/>	
FINAL TEST	PSI Across <input type="checkbox"/> Closed Tight <input type="checkbox"/>		PSI Across <input type="checkbox"/> Closed Tight <input type="checkbox"/>		Opened at ____ # Reduced Pressure		Satisfactory <input type="checkbox"/>		

Initial Test By: Certification No. Date:   
Repaired By: Date:   
Final Test By: Certification No. Date:

This assembly's INITIAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐  
This assembly's FINAL TEST performance was: Satisfactory ☐ Unsatisfactory ☐

I certify the above test has been performed and I am aware of the final performance.  
BY: Assembly Owner Representative  
Distribution: White - Assembly Owner · Pink - Tester · Canary - Water Utility