



16 Williams Ditch Road
 Cantonment, FL 32533
 850-968-5485

BACKFLOW-PREVENTION ASSEMBLY TEST REPORT

***MUST BE COMPLETED**

*CUSTOMER NAME: _____ ACCT# _____

*STREET ADDRESS: _____ *METER# _____

*TEST GAUGE MANUF: _____ *SERIAL# _____ *CAL DATE: _____

*LOCATION OF ASSEMBLY _____

*TYPE OF ASSEMBLY: RP [] DC [] PVB [] AG [] *SIZE: _____ *NEW INSTALL: YES [] NO []

*ASSY MANUF: _____ *MODEL: _____ *SERIAL# _____

*

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PVB/AIRGAP
[] LEAKED [] CLOSED TIGHT	OPENED AT _____psi DID NOT OPEN []	[] LEAKED [] CLOSED TIGHT	AIR INLET [] LEAKED [] CLOSED TIGHT _____PSI
GAUGE PRESSURE ACROSS CHECK VALVE _____psi	OUTLET SHUT-OFF VALVE [] LEAKED [] CLOSED TIGHT	GAUGE PRESSURE ACROSS CHECK VALVE _____psi	CHECK VALVE #2 [] LEAKED [] CLOSED TIGHT _____PSI
			[] VISUALLY INSPECTED [] 2X DIAMETER OF - SUPPLY PIPE, MIN 1"

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of this assembly.

*TESTER NAME _____ *SIGNATURE _____

*CERTIFICATION NUMBER _____ *DATE _____

*THIS ASSEMBLY: PASSED [] FAILED []