

Customer / Business Name: _____

Date: _____

Assembly Service Address: _____

Location of Assembly: _____

Type of Hazard Controlled: _____

Assembly info- Make: _____ Model #: _____ Serial #: _____

(circle) **RPBA RPDA DCVA DCDA PVB SVB** Size (In): _____ Line Pressure (PSI): _____

Installation: Horizontal: Y N Vertical: VU VD Other: _____
(circle) New: Y N Replaces Serial #: _____

Initial Test	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
					#1	#2	
<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Opened Fully <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Opened Fully <input type="checkbox"/> Did Not Open <input type="checkbox"/> Check held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaked					Leaked	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR DATE: _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: <input type="checkbox"/> Poppet / Float <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Guide <input type="checkbox"/> _____	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>
	REPLACED					<input type="checkbox"/>	<input type="checkbox"/>
NOTES: _____ _____							
Final Test	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Opened At _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Shut Off Valves Closed Tight	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>

NOTE: Purveyor must be notified within 24 hrs of any backflow prevention assembly left in a failed (non-passing) condition.

Tester's Name (please print): _____ ID BAT License #: _____

Company Name: _____ Expiration Date: _____

Company Phone: _____ Fax#: _____

Test Equipment Make & Model: _____ Serial #: _____

Calibrated By: _____ Calibration Date: _____

I certify the assembly was tested in accordance with U.S.C. test protocol and was in working condition.

Test Results: Passed Failed Assembly as Left: Water Service Restored BAT Tag Attached

Signature of Tester _____ Date _____

Copy of Report to: Customer/Owner Water Purveyor Licensed Tester

Water Purveyor: _____