



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

DEPARTMENT OF PUBLIC WORKS

941 FIR ST., WAYNESBORO, VA 22980

PHONE: (540) 942-6624 FAX: (540) 942-6723

Customer Name:			Contact:		Phone #:	
Address:			City:		State:	Zip Code:
Street Address: same			Location of Assembly:			
SIZE	RP	DC	RPDA	DCDA	PVB	SVB
Mfg/Make:			Model:		Serial No.	
Test Gauge Mfg:			Serial No.		Calibration Date:	

SERVICE DETAILS

FIRST STEP	CHECK VALVE #1		SECOND STEP	RELEIF VALVE		THIRD STEP	CHECK VALVE #2		PRESSURE VACUUM BREAKER			
		LEAKED		OPENED AT _____ PSI				LEAKED	AIR INLET: DID NOT OPEN			
	CLOSED TIGHT			DID NOT OPEN			CLOSED TIGHT		OPENED AT _____ PSI			
FOURTH STEP	GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI		FIFTH STEP	OUTLET SHUT-OFF VALVE		SIXTH STEP	GAUGE PRESSURE ACROSS CHECK VALVE _____ PSI		CHECK VALVE			
					LEAKED					LEAKED		
					CLOSED					HELD AT _____ PSI		
STATIC LINE PRESSURE: _____ PSI						BUFFER ZONE: _____ PSI						

REPAIR & MAINTENANCE

CLEANED ONLY		CLEANED ONLY		CLEANED ONLY		CLEANED ONLY
RUBBER KIT		RUBBER KIT		RUBBER KIT		RUBBER KIT
CV ASSY		CV ASSY		CV ASSY		CV ASSY
DISC		DISC		DISC		DISC
O-RING		O-RING		O-RING		O-RING
SEAT		SEAT		SEAT		SEAT
SPRING		SPRING		SPRING		SPRING
STEM/GUIDE		STEM/GUIDE		STEM/GUIDE		STEM/GUIDE
RETAINER		RETAINER		RETAINER		RETAINER
LOCK NUT		LOCK NUT		LOCK NUT		LOCK NUT

REMARKS:

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

TESTER: O.

CERT.NO.

DATE/TIME:

Signature:

DATE:

THIS ASSEMBLY PASSED <input type="radio"/>	THIS ASSEMBLY FAILED <input type="radio"/>
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