

Backflow Prevention Assembly Test Report

Service Address <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Test Due / /	Location: 																		
Mailing Address <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Check if Correct</th> <th style="width: 30%; text-align: center;">Corrections</th> </tr> </thead> <tbody> <tr> <td>Serial #:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Mfg:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Model:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Type:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Size:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table> <p style="text-align: right; margin-top: 10px;">Account #: 0.0</p>		Check if Correct	Corrections	Serial #:	<input type="checkbox"/>	_____	Mfg:	<input type="checkbox"/>	_____	Model:	<input type="checkbox"/>	_____	Type:	<input type="checkbox"/>	_____	Size:	<input type="checkbox"/>	_____
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Type:	<input type="checkbox"/>	_____																		
Size:	<input type="checkbox"/>	_____																		

Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/>
New <input type="checkbox"/>	Replaced <input type="checkbox"/>	Residential <input type="checkbox"/>	Industrial <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Bypass <input type="checkbox"/>

	Reduced Pressure Principle Assembly			PVB/SVB
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET Did not Open <input type="checkbox"/>
Date _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Opened at _____ PSID
Time _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	CHECK VALVE Leaked <input type="checkbox"/>
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				Held at _____ PSID
Repairs	Cleaned <input type="checkbox"/> _____ Rubber Kit <input type="checkbox"/> _____ Rebuild <input type="checkbox"/> _____ Replaced <input type="checkbox"/> _____ Other <input type="checkbox"/> _____			
Date _____				
Time _____				
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET Opened at _____ PSID
Date _____	Held at _____ PSID	Held at _____ PSID		CHECK VALVE
Time _____				Held at _____ PSID
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Comments		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Proper Install</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Proper Install	<input type="checkbox"/>	<input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>
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Proper Install	<input type="checkbox"/>	<input type="checkbox"/>												
RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>												
Service Restored	<input type="checkbox"/>	<input type="checkbox"/>												
Yes <input type="checkbox"/> No <input type="checkbox"/> Notification within three days upon failure.														
Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.														
Tester _____	Company _____													
Certification # _____	Phone _____													
Expire _____	Test Kit Serial # _____													
Signature _____	Calibration Date _____													
		Line Pressure _____												
		Meter Reading _____												
		Test Kit Mfg _____												
		Test Kit Model _____												



CITY OF
PICKERINGTON

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