

# Backflow Prevention Assembly Test Report

## Service Address

Mailing Address	<b>Test Due</b> / /	Location: _____  Serial #: <input type="checkbox"/> _____ Mfg: <input type="checkbox"/> _____ Model: <input type="checkbox"/> _____ Type: <input type="checkbox"/> _____ Size: 0.000 <input type="checkbox"/> _____										
		<table style="width: 100%; border: none;"> <tr> <td style="text-align: right; width: 60%;">Check if Correct</td> <td style="width: 40%; text-align: left;">Corrections</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </table>	Check if Correct	Corrections	_____	_____	_____	_____	_____	_____	_____	_____
Check if Correct	Corrections											
_____	_____											
_____	_____											
_____	_____											
_____	_____											

Account #:

Service:

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"/>															
	<b>Reduced Pressure Principle Assembly</b>			<b>PVB/SVB</b>																
	<b>Double Check Valve Assembly</b>																			
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>																	
<b>Initial Test</b> Date _____ Time _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>Air Inlet</b> Did not Open <input type="checkbox"/> Opened at _____ PSID <b>Check Valve</b> Leaked <input type="checkbox"/> Held at _____ PSID																
<b>Repairs</b> Date _____ Time _____	Cleaned _____ Rubber Kit _____ Rebuild _____ Replaced _____ Other _____																			
<b>Final Test</b> Date _____ Time _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>Air Inlet</b> Opened at _____ PSID <b>Check Valve</b> Held at _____ PSID																
Comments: _____ _____				<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="border: none;">Proper Install</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Shut off #1</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Shut off #2</td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Line Pressure</td> <td colspan="2" style="border: none;">_____</td> </tr> </table>			Yes	No	Proper Install	<input type="checkbox"/>	<input type="checkbox"/>	Shut off #1	<input type="checkbox"/>	<input type="checkbox"/>	Shut off #2	<input type="checkbox"/>	<input type="checkbox"/>	Line Pressure	_____	
	Yes	No																		
Proper Install	<input type="checkbox"/>	<input type="checkbox"/>																		
Shut off #1	<input type="checkbox"/>	<input type="checkbox"/>																		
Shut off #2	<input type="checkbox"/>	<input type="checkbox"/>																		
Line Pressure	_____																			
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.</b>																				
Tester: _____		Company: _____																		
Certification #: _____		Phone: _____																		
Expiration Date: _____		Test Kit Serial #: _____		Test Kit Mfg _____																
Signature: _____		Calibration Date: _____		Test Kit Model _____																

**TOWN OF BURGAW**  
 109 North Walker Street  
 Burgaw, NC 28425  
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 Fax: (910) 259-9035