

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Test Date _____

Customer Name _____

Meter Number _____

Service Address _____

Assembly Location _____

Assembly MFR _____

Model # _____

Assembly Size _____

Assembly Serial # _____

Device RP ☐ DC ☐

Check Valve #1	Check Valve #2	Relief Valve	Shut Off Valves		
<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID		#1	#2
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight		Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
<div>PASS<input type="checkbox"/> FAIL<input type="checkbox"/></div>					

Notes _____

Tester Information

Certifying Agency ABPA ☐ PAMCAH ☐

Tester Name _____

Company Name _____

Address _____

Phone # _____

Certifcate No _____

Expiration Date _____

Signature _____