BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Cross Connection and Backflow Prevention Program: (785) 587-4544
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Name of Premises (Company. Person, Etc.)

Service Address | Water Dept. Location I.D. (Office use only)

Location of Device on Site

Device Type	Manufacturer	Model No.	Serial No.	Size

REDUCED PRESSURE PRINCIPLE ASSEMBLY

Double Check Valve Assembly

Apparent Pressure Drop Across First Check Valve _____

Date Installed

Date Rebuilt

	CHECK VALVE #1 (Must be RELIEF+3 on RPZ)	CHECK VALVE #2 (Must be 1PSID or greater)	RELIEF VALVE (Must be 2 PSID or greater)	PVB/SVB (Must open at 1 PSID or greater)
INITIAL TEST	Held at_____PSID Closed Tight ☐ Leaked ☐	Held at_____PSID Closed Tight ☐ Leaked ☐	Opened at_____PSID Did Not Open ☐	Air Inlet_____PSID Did Not Open ☐ Check Valve_____PSID Closed Tight ☐
REPAIRS (Please give details)	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____	☐ Cleaned ☐ Replaced _____ _____ _____ _____ _____
FINAL TEST	Held at_____PSID Closed Tight ☐ Leaked ☐	Held at_____PSID Closed Tight ☐ Leaked ☐	Opened at_____PSID Did Not Open ☐	Air Inlet_____PSID Did Not Open ☐ Check Valve_____PSID Closed Tight ☐

The Above Report Is Certified To Be True.

PASS_____ FAIL_____

Signature _____

Print Name _____

Certified Tester Number _____

Date _____Time_____

Certified Tester Expiration Date _____

Test Gauge Mfg. _____ Test Gauge Model No._____ Test Gauge Serial No._____

Comments: _____

_____

Customer Signature_____ Date _____

The test data contained herein, and the judged condition of the backflow assembly, represents the conditions of internal check valves, and the backflow assembly, solely at the time the testing was conducted.