



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## Lake Josephine Riviera

Assembly ID	Customer	Meter #	Test Report Due:
Acct Number			Schedule Code
Service Address			Assembly Info (Replacement/Correction)
Contact Name	Ph	SN	<input type="checkbox"/>
Location ID	Protection Type	Mfr	<input type="checkbox"/>
Hazard Type		Type	<input type="checkbox"/> DC
Equip Location		Size	<input type="checkbox"/>
		Model	<input type="checkbox"/>
<input type="checkbox"/> Flood Protect <input type="checkbox"/> Back Pressure		Install Date	
<input type="checkbox"/> UD CB 1 <input type="checkbox"/> Cont. Pressure		Permit Num	
<input type="checkbox"/> Freeze Protect <input type="checkbox"/> Back Siphonage			
<input type="checkbox"/> Confinement			

Line pressure at time of test: \_\_\_\_\_

### REPORT OF TEST RESULTS

Initial Test    Passed     Failed

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	#1	#2
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Check Held at _____ PSID			
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Leaked			
	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>
<b>Passed Final Test</b> <input type="checkbox"/>							
<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID			

**Notes:**

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**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:** FR-01

<b>Initial:</b>	Name:	Cert:	Signature:	Date:	Test Kit SN:
<b>Repair:</b>					
<b>Final:</b>					