

Appendix E

Assembly Test Report Form

Backflow Assembly Test Report

Water System Name: _____ File No.: _____

Location of Assembly: _____

Owner of Assembly: _____

Address: _____ City: _____ State: _____ Zip: _____

Size of Assembly: _____ Model No.: _____ Serial No.: _____

Name of Assembly Manufacturer: _____

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker	
I N T I A L	RP	PSI Across _____ Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ # Opened Under 2# or did not open <input type="checkbox"/>	AIR INLET: Opened at ____ # Opened Under 1# or did not open <input type="checkbox"/> Leaked <input type="checkbox"/>
	DC	PSI Across _____ <input type="checkbox"/> Leaked <input type="checkbox"/>	PSI Across _____ <input type="checkbox"/> Leaked <input type="checkbox"/>		CHECK VALVE: PSI Across _____ # Leaked <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Feather <input type="checkbox"/> Hingepin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat(s) <input type="checkbox"/> O-ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Other (describe) <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Other (describe) <input type="checkbox"/>	
FINAL TEST	PSI Across _____ Closed Tight <input type="checkbox"/>	PSI Across _____ Closed Tight <input type="checkbox"/>	Opened at ____ # Reduced Pressure	Satisfactory <input type="checkbox"/>	

Initial Test By: _____ Certification No.: _____ Date: _____

Repaired By: _____ Date: _____

Final Test By: _____ Certification No.: _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory Unsatisfactory

This assembly's FINAL TEST performance was: Satisfactory Unsatisfactory

I certify the above test has been performed and I am aware of the final performance.

BY: _____ Assembly Owner Representative

Distribution: White - Assembly Owner

Pink – Tester

Canary – Water Utility