



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## DEPARTMENT OF PUBLIC WORKS

941 FIR ST., WAYNESBORO, VA 22980

PHONE: (540) 942-6624 FAX: (540) 942-6723

Customer Name:			Contact:		Phone #:	
Address:			City:		State:	Zip Code:
Street Address: same			Location of Assembly:			
<b>SIZE</b>	RP	DC	RPDA	DCDA	PVB	SVB
Mfg/Make:			Model:		Serial No.	
Test Gauge Mfg:			Serial No.		Calibration Date:	

### SERVICE DETAILS

FIRST STEP	CHECK VALVE #1		SECOND STEP	RELEIF VALVE		THIRSD STEP	CHECK VALVE #2		PRESSURE VACUUM BREAKER	
		LEAKED		OPENED AT _____ PSI				LEAKED	AIR INLET: DID NOT OPEN	
		CLOSED TIGHT			DID NOT OPEN			CLOSED TIGHT	OPENED AT _____ PSI	
FOURTH STEP	GAUGE PRESSURE ACROSS CHECK VALVE		FIFTH STEP	OUTLET SHUT-OFF VALVE		SIXTH STEP	GAUGE PRESSURE ACROSS CHECK VALVE		CHECK VALVE	
	_____ PSI				LEAKED		_____ PSI			LEAKED
					CLOSED					HELD AT _____ PSI
STATIC LINE PRESSURE: _____ PSI						BUFFER ZONE: _____ PSI				

### REPAIR & MAINTENANCE

CLEANED ONLY	CLEANED ONLY	CLEANED ONLY	CLEANED ONLY
RUBBER KIT	RUBBER KIT	RUBBER KIT	RUBBER KIT
CV ASSY	CV ASSY	CV ASSY	CV ASSY
DISC	DISC	DISC	DISC
O-RING	O-RING	O-RING	O-RING
SEAT	SEAT	SEAT	SEAT
SPRING	SPRING	SPRING	SPRING
STEM/GUIDE	STEM/GUIDE	STEM/GUIDE	STEM/GUIDE
RETAINER	RETAINER	RETAINER	RETAINER
LOCK NUT	LOCK NUT	LOCK NUT	LOCK NUT

### REMARKS:

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: O. CERT.NO. DATE/TIME:

Signature: DATE:

<b>THIS ASSEMBLY PASSED</b> <input type="radio"/>	<b>THIS ASSEMBLY FAILED</b> <input type="radio"/>
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