



## Backflow Prevention Assembly Test Data & Maintenance Report

Customer					
Service Address					
Location of Backflow Assembly on Property					
Date of Test		Time ____ : ____ AM <input type="checkbox"/> PM <input type="checkbox"/>		Supply Pressure ____ LBS	
				Air Gap (2 x Supply Diameter) Supply: ____ IN. Gap: ____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Type of Assembly <input type="checkbox"/> DC <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)		<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)		Manufacturer	
				Model	
				Size	
				Serial Number	
Height off Floor ____ FT ____ IN		Protection From Freezing: <input type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input type="checkbox"/> Yes <input type="checkbox"/> No		Supply Source <input type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)	
				New Installation <input type="checkbox"/> YES <input type="checkbox"/> NO	
Initial Test		Passed Failed		Final Test After Repair	
Reduced Pressure Principle Assembly:		<input type="checkbox"/> <input type="checkbox"/>		Reduced Pressure Principle Assembly:	
RELIEF VALVE opened at ____ PSID (2 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>		RELIEF VALVE opened at ____ PSID (2 PSID or more)	
2nd CHECK held backpressure		<input type="checkbox"/> <input type="checkbox"/>		2nd CHECK held backpressure	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/> <input type="checkbox"/>		NO. 2 SHUTOFF VALVE leak tight	
1st CHECK held in direction of flow ____ PSID (5 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>		1st CHECK held in direction of flow ____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) ____ PSID (3 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>		DIFFERENCE (1st check - relief) ____ PSID (3 PSID or more)	
Note: Failure of any of the above items, requires repair.				Note: Failure of any of the above items, requires repair.	
Initial Test		Passed Failed		Final Test After Repair	
Double Check Valve Assembly:		<input type="checkbox"/> <input type="checkbox"/>		Double Check Valve Assembly:	
1st CHECK held in direction of flow ____ PSID (1 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>		1st CHECK held in direction of flow ____ PSID (1 PSID or more)	
2nd CHECK held backpressure		<input type="checkbox"/> <input type="checkbox"/>		2nd CHECK held backpressure	
2nd CHECK held in direction of flow ____ PSID (1 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>		2nd CHECK held in direction of flow ____ PSID (1 PSID or more)	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/> <input type="checkbox"/>		NO. 2 SHUTOFF VALVE leak tight	
Note: Failure of any of the above items, requires repair.				Note: Failure of any of the above items, requires repair.	
Application:		Comments			
<input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Line <input type="checkbox"/> Fire Line By-Pass **Meter # _____ **Meter Read _____ <input type="checkbox"/> Point of Use					
The Above Report is Certified to be True, Accurate and Complete					
Tested By (Print)		(Signature)		Repaired by (Print) (Signature)	
Company				Final Test By (Print) (Signature)	
Missouri Certification Number		Expiration Date		Owner or Owner's Representative	
*If an existing PVB is beyond repair and needs replacement, it should be replaced by a DC or RP to meet current State and City regulations. New PVB installations or replacements are not permitted. **METER # and METER READ for the fire line by-pass meter on detector assemblies are required. Missouri State Regulation 10 CSR 60-11-010(6)(E) requires testers to report results of tests and inspections to the customer and water supplier.					