Doney Park Water

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BACKFLOW PREVENTION ASSEMBLY TEST REPORT

CUSTOMER NAME	CUSTOMER PHONE
SERVICE ADDRESS	
CITY, STATE	ZIP CODE
DEVICE LOCATION	ENTERED INTO UMS BY: DATE:

DEVICE MAKE	DEVICE MODEL	DEVICE SIZE	***SERIAL #***

Reduced Pressure Principle Assembly

Double Check Valve Assembly

☐ **NEW** ☐ **EXISTING**

RP ☐ **DC** ☐ **PVB** ☐ **SVB** ☐ **DCDA** ☐

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Held at _____ PSD Leaked ☐	Held at _____ PSD Closed Tight ☐ Leaked ☐	Open at _____ PSD Did not open ☐	***AIR INLET*** Opened at _____ PSD Did not open ☐
REPAIRS: Give details of repairs made here.	☐ **Cleaned** ☐ **Replaced**	☐ **Cleaned** ☐ **Replaced**	☐ **Cleaned** ☐ **Replaced**	***Check Valve*** Held at _____ PSD Did not open ☐ ☐ **Cleaned** ☐ **Replaced**
FINAL TEST	Held at _____ PSD	Held at _____ PSD Closed Tight ☐	Open at _____ PSD	***AIR INLET*** Opened at _____ PSD ***Check Valve*** Held at _____ PSD

Test Gauge Serial Number: Due for Calibration:

INITIAL TEST	Date:	Time:	Certified Tester No.:	☐ Passed ☐ Failed
	Tested By (Signature)		Print Name:	
Repairs	Repairs made and repair parts used:_____			
FINAL TEST	Date:	Time:	Certified Tester No.:	☐ Passed ☐ Failed
	Tested By (Signature)		Print Name:	

Comments: