

Backflow Prevention Assembly Test Report

Service Address

Mailing Address

	Check if Correct	Corrections
Serial #:	<input type="checkbox"/>	_____
Manufacturer:	<input type="checkbox"/>	_____
Model:	<input type="checkbox"/>	_____
Type:	<input type="checkbox"/>	_____
Size:	<input type="checkbox"/>	_____
Location:	<input type="checkbox"/>	_____

Location #: _____

Test Due No Later Than:
____/____/____

You may fax this report to **913-573-9669** or email to **backflow@bpu.com**. Please **ONLY** submit **PASSING** test results.

	Reduced Pressure Principle Assembly			
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____PSID	Did not Open <input type="checkbox"/> Opened at _____PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> AIR INLET Opened at _____PSID
Final Test	Closed Tight <input type="checkbox"/> Held at _____PSID	Closed Tight <input type="checkbox"/> Held at _____PSID	Opened at _____PSID	CHECK VALVE Opened at _____PSID

Comments _____

The above report is certified to be true

Held Backpressure Yes
No

#2 Shutoff Closed Tight
Leaked

	Date	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test							
Repairs							
Final Test							