Backflow Prevention Assembly Test Report

Date & Time of Test:	
Type of Installation:	☐ Containment ☐ Isolation

Customer Name:						
Service Address:						
Water Service Type:	☐ Domestic		☐ Irrigation		☐ Fire Protection	
Type of Assembly:	☐ RPZA	☐ DCVA	☐ DCDA	☐ RPDA	☐ PVB/SVB	Size of Assembly:
Manufacturer:		Model:		Serial Number:		
Location of Assembly:						

Complete if assembly is a DCDA or RPDA: (A separate test form is required for both main and detector assemblies.)

Meter Make:	Meter Number:	Meter Read:	☐ Cubic ft. ☐ Gallons

Fire Pump Test: ☐ Yes ☐ No If yes, approximately how many gallons used during test:

Reduced Pressure Zone Assembly (RPZA)	Double Check Valve Assembly (DCVA)	Pressure Vacuum Breaker (PVB)
(Step 1) CV 1 Initial Test ☐ Leaked ☐ Closed Tight	(Step 1) Gauge Pressure Across CV 1 ☐ Leaked (1 or more) ☐ Closed Tight Gauge _____ psi	(Step 1) Air Inlet Opening Point Opened at _____ psi ☐ Did Not Open
(Step 2) Relief Valve Opening Point Opened at _____ psi ☐ Did not open	(Step 2) Gauge Pressure Across CV 2 ☐ Leaked (1 or more) ☐ Closed Tight Gauge _____ psi	(Step 2) Gauge Pressure Across CV CV Held at _____ psi ☐ Check Valve Leaked
(Step 3) CV 2 Initial Test ☐ Leaked ☐ Closed Tight	**Test Gauge Information**	
	Test Gauge Make:	Test Gauge Model:
	Serial Number:	Next Calibration Date:
(Step 4) Gauge Pressure Across CV 1 _____ psi (5 or more) - _____ RV Opening Point (2 or more) = _____ Buffer (3 or more)	**Tester Information**	
	Tester Name (Printed):	
	ATT Number:	RT Number:
	Telephone:	Email:
(Step 5) Check Outlet SOV ☐ Leaked ☐ Closed Tight	**Remarks**	
(Step 6) Gauge Pressure Across CV 2 _____ psi (1 or more)		

☐ Assembly Passed Test and requires no maintenance or repairs. **The next scheduled test is 1-Year from this date.**

☐ Assembly Failed Initial Test. **Failure requires repair and re-testing within ten (10) working days of a failed test.**

I hereby certify that the above data is true, accurate and reflects the proper operation of the prescribed assembly.

Tester Signature:	Date:
Customer Signature:	Date: