



# ANNUAL TEST FORM BACKFLOW PREVENTORS

SUBMIT FORM TO:  
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CUSTOMER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NEW INSTALLATION  EXISTING  REPLACEMENT  OLD ASSEMBLY S.N. \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

TYPE OF ASSEMBLY: RPZ  DCV  PVB  SVB  SIZE: \_\_\_\_\_ INSTALLATION DATE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

RELIEF VALVE	CHECK VALVE #2 Back Pressure Test	CHECK VALVE #1 In Direction of Flow Test	CHECK VALVE #2 In Direction of Flow Test	Pressure Vacuum Breaker / Spill Resistant Vacuum Breaker	DOUBLE CHECK VALVE In Direction of Flow Test
Opened at _____ psi Did Not Open <input type="checkbox"/>  (Must Be 2 PSI or Greater)	<input type="checkbox"/> Leaked  <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential Pressure Across check valve _____ psi (Must Be At Least 3 PSI Higher Than The Relief Valve)	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential Pressure Across check valve _____ psi	Air inlet opened at _____ psi Air Inlet Did Not Open <input type="checkbox"/> Check Valve Leaked <input type="checkbox"/> held at _____ psi	#1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight  _____ psi      _____ psi
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	PASSED <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> FAILED <input type="checkbox"/>

### CHECK ALL THAT APPLY

#1	#2
<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced: Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced: Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Spring <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced: Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Spring <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only <input type="checkbox"/> Replaced: Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Spring <input type="checkbox"/> Other <input type="checkbox"/>
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Describe Repairs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Opened at _____ psi <input type="checkbox"/> Closed tight	Differential Pressure Across check valve _____ psi	Differential Pressure Across check valve _____ psi	Air inlet _____ psi Check valve _____ psi	Check #1 _____ psi Check #2 _____ psi
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Opened shut off #1     Opened shut off #2     Water Pressure \_\_\_\_\_    Test Kit SN \_\_\_\_\_

Remarks: \_\_\_\_\_

I hereby certify that this date is accurate and reflects the proper operation and maintenance of the assembly.  
 TESTER'S NAME (PRINT) \_\_\_\_\_ CERT. # \_\_\_\_\_  
 TESTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_  
 COMPANY \_\_\_\_\_