



City of Tempe
Environmental Services
P. O. Box 5002
Tempe, AZ 85280

COMPANY PERFORMING THE TEST: _____

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

WATER PURVEYOR: _____	CONTROL NO: _____
OWNER: _____	NEXT TEST DUE DATE _____
MAILING ADDRESS: _____	
CITY: _____	STATE: <input type="checkbox"/> _____ ZIP: _____
ONSITE CONTACT: _____	PHONE: _____
ASSEMBLY ADDRESS: _____	
COMMENTS: _____	

SERIAL NUMBER: _____	MAKE: _____	MODEL: _____	SIZE: _____
CONTAINMENT: <input type="checkbox"/>	DOMESTIC: <input type="checkbox"/>	New: <input type="checkbox"/>	REPLACEMENT: <u>OLD SERIAL</u>
ISOLATION: <input type="checkbox"/>	IRRIGATION: <input type="checkbox"/>	Existing: <input type="checkbox"/>	METER NO: _____
FIRELINE: <input type="checkbox"/>			

REDUCED PRESSURE PRINCIPLE ASSEMBLY				BACKPRESSURE: YES <input type="checkbox"/> NO <input type="checkbox"/>
DOUBLE CHECK VALVE ASSEMBLY				
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
INITIAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	Leaked: <input type="checkbox"/>	Air Inlet Opened _____ PSID
	RP/DC _____ PSID	DC _____ PSID	OPENED AT _____ PSID	DID NOT OPEN <input type="checkbox"/>
	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	Check Valve Held at _____ PSID
REPAIRS	Cleaned: <input type="checkbox"/>	Cleaned: <input type="checkbox"/>	Cleaned: <input type="checkbox"/>	Leaked: <input type="checkbox"/>
	<i>Replaced</i>	<i>Replaced</i>	<i>Replaced</i>	Cleaned: <input type="checkbox"/>
	Rubber Kit <input type="checkbox"/>	Rubber Kit <input type="checkbox"/>	Rubber Kit <input type="checkbox"/>	Replaced
	Repair Kit <input type="checkbox"/>	Repair Kit <input type="checkbox"/>	Repair Kit <input type="checkbox"/>	Rubber Kit <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Repair Kit <input type="checkbox"/>
				Other <input type="checkbox"/>
FINAL TEST	RP/DC _____ PSID	DC _____ PSID	Opened _____ PSID	Opened _____ PSID
	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>		Held at _____ PSID

THE ABOVE TEST IS CERTIFIED TO BE TRUE.

Initial Test By: _____	Certification No. _____	DATE _____	PASS: <input type="checkbox"/> FAIL: <input type="checkbox"/>
Repaired By: _____	Date Repaired _____		TESTKIT: _____
Final Test By: _____	Certification No. _____	DATE _____	PASS: <input type="checkbox"/> FAIL: <input type="checkbox"/>

COMMENT