



8cbYmDUF_ 'K UHf''

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**BACKFLOW PREVENTION
ASSEMBLY TEST REPORT**

CUSTOMER NAME		CUSTOMER PHONE	
SERVICE ADDRESS	Account #		
CITY, STATE		ZIP CODE	
DEVICE LOCATION		ENTERED INTO UMS BY:	DATE:
DEVICE MAKE	DEVICE MODEL	DEVICE SIZE	SERIAL #

Reduced Pressure Principle Assembly				<input type="checkbox"/> NEW RP <input type="checkbox"/> DC <input type="checkbox"/> <input type="checkbox"/> EXISTING PVB <input type="checkbox"/> SVB <input type="checkbox"/> DCDA <input type="checkbox"/>
Double Check Valve Assembly				
INITIAL TEST	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
	Held at _____ PSD Leaked <input type="checkbox"/>	Held at _____ PSD Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____ PSD Did not open <input type="checkbox"/>	AIR INLET Opened at _____ PSD Did not open <input type="checkbox"/>
REPAIRS: Give details of repairs made here.	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Check Valve Held at _____ PSD Did not open <input type="checkbox"/>
				<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
FINAL TEST	Held at _____ PSD	Held at _____ PSD Closed Tight <input type="checkbox"/>	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.:
	Tested By (Signature)		Print Name:
Repairs	Company Tester Employed with:		
	Repairs/Parts: _____		
FINAL TEST	Date:	Time:	Certified Tester No.:
	Tested By (Signature)		Print Name:
Comments:			