



Backflow Prevention Assembly Test Data & Maintenance Report

Customer			
Service Address			
Location of Backflow Assembly on Property			
Date of Test	Time ____ : ____ AM <input type="checkbox"/> ____ : ____ PM <input type="checkbox"/>	Supply Pressure _____ LBS	Air Gap (2 x Supply Diameter) Supply: _____ IN. Gap: _____ IN. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Type of Assembly <input type="checkbox"/> DC <input type="checkbox"/> DCDA (Detector) <input type="checkbox"/> PVB* (See Bottom of Form)	<input type="checkbox"/> RP <input type="checkbox"/> RPDA (Detector)	Manufacturer	Model Size Serial Number
Height off Floor _____ FT _____ IN	Protection From Freezing: <input type="checkbox"/> Yes <input type="checkbox"/> No Flooding: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supply Source <input type="checkbox"/> Public Potable Water <input type="checkbox"/> Both <input type="checkbox"/> Non-Potable Water (e.g., LAKE)	New Installation <input type="checkbox"/> YES <input type="checkbox"/> NO
Initial Test		Final Test After Repair	
Reduced Pressure Principle Assembly:		Reduced Pressure Principle Assembly:	
RELIEF VALVE opened at _____ PSID (2 PSID or more)	Passed <input type="checkbox"/> Failed <input type="checkbox"/>	RELIEF VALVE opened at _____ PSID (2 PSID or more)	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
2nd CHECK held backpressure	<input type="checkbox"/> <input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/> <input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> <input type="checkbox"/>
1st CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>	1st CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>
Note: Failure of any of the above items, requires repair.		Note: Failure of any of the above items, requires repair.	
Initial Test		Final Test After Repair	
Double Check Valve Assembly:		Double Check Valve Assembly:	
1st CHECK held in direction of flow _____ PSID (1 PSID or more)	Passed <input type="checkbox"/> Failed <input type="checkbox"/>	1st CHECK held in direction of flow _____ PSID (1 PSID or more)	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
2nd CHECK held backpressure	<input type="checkbox"/> <input type="checkbox"/>	2nd CHECK held backpressure	<input type="checkbox"/> <input type="checkbox"/>
2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>	2nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> <input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/> <input type="checkbox"/>
Note: Failure of any of the above items, requires repair.		Note: Failure of any of the above items, requires repair.	
Application:	Comments		
<input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire Line <input type="checkbox"/> Fire Line By-Pass **Meter # _____ **Meter Read _____ <input type="checkbox"/> Point of Use			
The Above Report is Certified to be True, Accurate and Complete			
Tested By (Print) _____ (Signature) _____		Repaired by (Print) _____ (Signature) _____	
Date of Repair _____		Date of Final Test _____	
Company _____		Final Test By (Print) _____ (Signature) _____	
Missouri Certification Number _____		Date _____	
Expiration Date _____		Owner or Owner's Representative _____	
<p>*If an existing PVB is beyond repair and needs replacement, it should be replaced by a DC or RP to meet current State and City regulations. New PVB installations or replacements are not permitted.</p> <p>**METER # and METER READ for the fire line by-pass meter on detector assemblies are required.</p> <p>Missouri State Regulation 10 CSR 60-11-010(6)(E) requires testers to report results of tests and inspections to the customer and water supplier.</p>			