

CITY OF DEFIANCE

Water Division 1356 Baltimore

Defiance, OH 43512-1904

Phone: 419-782-1886 Fax: 419-782-6510

**Backflow Prevention Assembly
Test Report**

Mailing Address

Test Due:
Site Id: 1001022
Code:

Defiance, OH 43512

Service Address

Address:
Company:
Contact:
Location:
Serves:

Serial #:
Manufacturer:
Model:
Type:
Size:
Hazard #: 1 of 1

Reduced Pressure Principle Assembly				RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
Double Check Valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID
Repairs Details	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>
				Held at _____ PSID
				Cleaned <input type="checkbox"/>
				Replaced <input type="checkbox"/>
				AIR INLET
				Opened at _____ PSID
				CHECK VALVE
				Held at _____ PSID

Comments	Line Pressure _____
	Meter Reading _____
	Held Backpressure _____
	#2 Shutoff _____
	Relief Valve Exercised _____

The above report is certified to be true.

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>