

Backflow Prevention Assembly Test Report

Customer Information Name: _____ Mailing address: _____ Phone: _____			Verify and Note Corrections Service Address: _____ Location: _____ Account No: _____ Reason for protection: _____ <div style="text-align: right;"> Serial # _____ Manufacturer: _____ Model: _____ Size: _____ Type: RP _____ </div>		
		Existing <input type="checkbox"/> Removed <input type="checkbox"/> New <input type="checkbox"/> Replaced <input type="checkbox"/>	Commercial <input type="checkbox"/> Residential <input type="checkbox"/>	Domestic <input type="checkbox"/> Fire <input type="checkbox"/>	
	Reduced Pressure Principle Assembly			Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Double Check			PVB/SVB	
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
INITIAL TEST Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did Not Open <input type="checkbox"/> Opened at _____ PSID	Did Not Open <input type="checkbox"/> Opened at _____ PSID Fully Open <input type="checkbox"/>	Leaked <input type="checkbox"/> Held at _____ PSID
REPAIRS Date _____ Time _____	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
FINAL TEST Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did Not Open <input type="checkbox"/> Opened at _____ PSID	Did Not Open <input type="checkbox"/> Opened at _____ PSID Fully Open <input type="checkbox"/>	Leaked <input type="checkbox"/> Held at _____ PSID
Comments: _____ I certify all information on this report is true and accurate, acknowledging incomplete reports will not be accepted.				Yes No	
				Proper Installation <input type="checkbox"/> <input type="checkbox"/>	
				RV Exercised before Test <input type="checkbox"/> <input type="checkbox"/>	
				S.O.V. Closed On Arrival <input type="checkbox"/> <input type="checkbox"/>	
				Service Restored <input type="checkbox"/> <input type="checkbox"/>	
				Meter Read : _____	
Tester: _____ Certificate #: _____ Phone: _____ Test Kit Serial: _____ Calibration Date: _____ Signature: _____				Line pressure: _____	



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