

Backflow Prevention Assembly Test Report

Customer Information		Verify and Note Corrections			
Name: _____ Mailing address: _____ Phone: _____		Service Address: _____ Location: _____ Account No: _____ Reason for protection: _____			
		Serial # _____ Manufacturer: _____ Model: _____ Size: _____ Type: RP _____			
		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"/>	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Reduced Pressure Principle Assembly </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Double Check </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Check Valve #1 Check Valve #2 Relief Valve </div>	Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>				
	PVB/SVB				
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 : _____ Line pressure: _____
Tester: _____ Certificate #: _____ Phone: _____ Test Kit Serial: _____ Calibration Date: _____ Signature: _____					



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