



BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Return to:
 Utilities Department
 300 W. Ash
 P.O. Box 736
 Salina, KS 67402-0736
 Phone: (785) 309-5725
 Fax: (785) 309-5713
 E-mail: backflow@salina.org

Name of Premises (Company, Person, Etc.) _____

Service Address _____

Water Division Location I.D. (Office use only) _____

Location of Device on Site _____

Device Type	Manufacturer	Serial No.	Model No.	Size
REDUCED PRESSURE PRINCIPLE ASSEMBLY Use 3 Columns				
Double Check Valve Assembly Use 2 Columns				Date Installed _____
				Date Rebuilt _____
INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
	Held at _____ PSID Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	AIR INLET Opened at _____ PSID CHECK VALVE Held at _____ PSID
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 _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____ _____ _____ _____
TEST AFTER REPAIR	Held at _____ PSID	_____ PSID Closed Tight <input type="checkbox"/>	Opened at _____ PSID	AIR INLET Opened at _____ PSID CHECK VALVE Held at _____ PSID

The Above Report Is Certified To Be True. PASS _____ FAIL _____

Print Name _____
 Signature _____ Certified Tester Number _____
 Date _____ Time _____ Certified Tester Expiration Date _____
 Test Gauge Mfg. _____ Test Gauge Serial Number _____

Comments: _____

Customer Signature _____ Date _____