

# BACKFLOW PREVENTION ASSEMBLY FIELD TEST FORM

1 Service Name/Address: _____ _____	Service Number: _____	Owner Name/Address: _____ _____	<input type="checkbox"/> RP	<input type="checkbox"/> DCDA
	Assembly Location: _____	_____	<input type="checkbox"/> DC	<input type="checkbox"/> RPDA
<input type="checkbox"/> PVB	<input type="checkbox"/> DCDA II	<input type="checkbox"/> SVB	<input type="checkbox"/> RPDA II	
Manufacturer	Model	Size	Orientation	Serial Number

2 Detector Assembly Water Meter Reading Before Test: \_\_\_\_\_ After Test: \_\_\_\_\_

DCDA

DC  DCDA II

3		<b>Check Valve 1</b>	<b>Check Valve 2</b>	<b>Check Valve 1</b>	<b>Check Valve 2</b>	<b>Bypass Check</b>
	INITIAL TEST	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>
	REPAIR DETAILS	<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"/> Cleaned <input type="checkbox"/> Replaced _____
FINAL TEST	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>

RPDA

RP  RPDA II

4		<b>Check Valve 1</b>	<b>Check Valve 2</b>	<b>Relief Valve</b>	<b>Check Valve 1</b>	<b>Check Valve 2</b>	<b>Relief Valve</b>	<b>Bypass Check</b>
	INITIAL TEST	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID Leaked <input type="checkbox"/>
	REPAIR DETAILS	<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"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____
FINAL TEST	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Leaked <input type="checkbox"/>

PVB  SVB

5	<b>INITIAL TEST</b>	Air Inlet _____ PSID Did not Open <input type="checkbox"/> Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Check Valve</b> _____ PSID Leaked <input type="checkbox"/>	<b>REPAIR DETAILS</b> <input type="checkbox"/> Cleaned _____ <input type="checkbox"/> Replaced _____	<b>FINAL TEST</b>	Air Inlet _____ PSID Did not Open <input type="checkbox"/> Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Check Valve</b> _____ PSID Leaked <input type="checkbox"/>
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6 COMMENTS:				
INITIAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
REPAIR DETAILS	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	
FINAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Onsite contact acknowledged \_\_\_\_\_