

# BACKFLOW PREVENTION ASSEMBLY FIELD TEST FORM

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

2 Bypass Water Meter Reading Before Test: \_\_\_\_\_ After Test: \_\_\_\_\_

MAINLINE  DCDA  BYPASS  
 DC  DCDA II

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

MAINLINE  RPDA  BYPASS  
 RP  RPDA II

4	INITIAL TEST	<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>
		_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked
	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 <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked

PVB  SVB

5	INITIAL TEST	Air Inlet _____ PSID <input type="checkbox"/> Did not Open Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve _____ PSID <input type="checkbox"/> Leaked	REPAIR DETAILS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	FINAL TEST	Air Inlet _____ PSID <input type="checkbox"/> Did not Open Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve _____ PSID <input type="checkbox"/> Leaked

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 \_\_\_\_\_