City of Warren Test Report

Fax Number: 586-759-9244

Backflow Assembly Test Report Form

Due Date:

Contact:
Facility: Account #:
Address:
City:

Date of Test:

SECTION 1. Device Information New Install _____ Replacement Assy. _____ Existing Assy. _____

Location _____ RPZ _____ DCVA _____ PVB _____
Type of Assembly containment isolation fire line **Model #** _____
Manufacturer _____ **Size** _____ Serial #_____

Line Pressure _____ psi

1st Shutoff C ☐ L ☐ 2nd Shutoff C ☐ L ☐

Reduced Pressure Principle Assembly
Double Check Valve Assembly
Pressure Vacuum Breaker
Spillproof Vacuum Breaker

SECTION 2. First Test

	1st Check	2nd Check	Relief	Air Inlet / Check
1st Test	C ☐ L ☐ PSID	C ☐ L ☐ PSID Confirm	O ☐ M ☐ PSID	O ☐ M ☐ PSID / C ☐ L ☐ PSID

Pass ☐ **Fail** ☐ **If 1st test passed, go to Sec. 5, otherwise complete sections 3-6.**NOTE: All failed tests are required to be submitted.**

SECTION 3. Repairs

Repairs, if necessary				

SECTION 4. Final Test

	1st Check	2nd Check	Relief	Air Inlet / Check
Final Test	C ☐ L ☐ PSID	C ☐ L ☐ PSID Confirm	O ☐ M ☐ PSID	O ☐ M ☐ PSID / C ☐ L ☐ PSID

Pass ☐ **Fail** ☐

Notes

SECTION 5. Certification On this date the above device was tested per applicable codes and the required performance standards.

Tester Name: _____ Tester Certification #: _____

Testing Firm: _____ Testing Firm Phone #: _____

Testing Firm Address: _____

Tester Signature: _____ Date: _____

SECTION 6. Gauge

Make: _____ Model: _____

Serial #: _____ Date of last calibration: _____