



City of Warren Test Report

Email: Pbradley@cityofwarren.org

Backflow Assembly Test Report Form

Contact: _____
Facility: _____

Address: _____
City: _____

Date of Test: _____

Time: _____

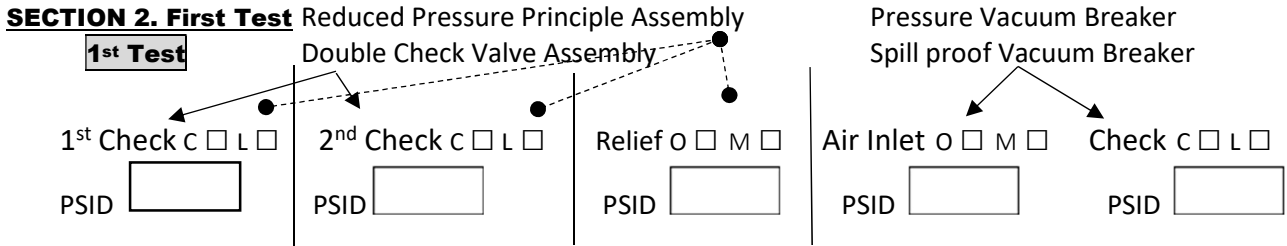
SECTION 1. Device Information New Install _____ Replacement Assy. _____ Existing Assy. _____

Location _____ RPZ _____ DCVA _____ PVB _____ SRVB _____

Type of Assembly: Containment _____ Isolation _____ Fire line _____ Lawn Irrigation _____

Manufacturer _____ Model # _____ Size _____ Serial # _____

| | | |
|----------------------|---|---|
| Line Pressure psi | 1 st Shutoff C <input type="checkbox"/> L <input type="checkbox"/> | 2 nd Shutoff C <input type="checkbox"/> L <input type="checkbox"/> |
|----------------------|---|---|



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

SECTION 3, Repairs

Repairs, if necessary

SECTION 4, Final Test

Final Test

| | | | | |
|---|---|--|---|---|
| 1 st Check C <input type="checkbox"/> L <input type="checkbox"/> | 2 nd Check C <input type="checkbox"/> L <input type="checkbox"/> | Relief O <input type="checkbox"/> M <input type="checkbox"/> | Air Inlet O <input type="checkbox"/> M <input type="checkbox"/> | Check C <input type="checkbox"/> L <input type="checkbox"/> |
| PSID <input type="text"/> | PSID <input type="text"/> | PSID <input type="text"/> | PSID <input type="text"/> | PSID <input type="text"/> |

PASS FAIL

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: _____