### Backflow Assembly Test Report Form

**Contact:** ____________________________  
**Address:** ____________________________

**Facility:** ____________________________  
**City/Zip code:** ______________________

**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 #** ________________

### SECTION 2. First Test

- **Reduced Pressure Principle Assembly**
- **Double Check Valve Assembly**
- **Pressure Vacuum Breaker**
- **Spill proof Vacuum Breaker**

**1st Test**

<table>
<thead>
<tr>
<th>1st Check</th>
<th>2nd Check</th>
<th>Relief</th>
<th>Air Inlet</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>C □ L □</td>
<td>C □ L □</td>
<td>O □ M □</td>
<td>O □ M □</td>
<td>C □ L □</td>
</tr>
</tbody>
</table>

**Line Pressure PSI**  
1st Shutoff: C □ L □  
2nd Shutoff: C □ L □

**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**

<table>
<thead>
<tr>
<th>1st Check</th>
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</tr>
</tbody>
</table>

**PASS □  FAIL □**

### SECTION 5, Certification

By signing below, the tester confirms that they understand all requirements regarding backflow prevention device testing and that any and all information they have provided within this form is accurate.

**Tester Name:** ____________________________  
**ASSE Certification #** ____________  
**Expires:** ____________  
**Plumbing Lic. #** ____________

**Testing Firm:** ____________________________  
**Testing Firm Phone #:** ____________________________

**Testing Firm Address:** ____________________________

**Tester Signature:** ____________________________  
**Date:** ____________

**SECTION 6. GAUGE**

**Make:** ____________________________  
**Model:** ____________________________

**Serial #:** ____________________________  
**Date of last calibration:** ____________  

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**All incomplete forms will be returned to the tester**

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**Rev. 9/27/2023**