

GENERAL BACKFLOW ASSEMBLY TESTER INSPECTION FORM

Facility Name: _____ Address: _____

Contact Person: _____ Phone: _____

Assembly Information

Make: _____
 Model: _____
 Size: _____
 Serial Number: _____

Installation Information

Containment <input type="checkbox"/>	Isolation <input type="checkbox"/>
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Meter pit Basement Floor Number: _____
 Penthouse Boiler Room Room Number: _____
 Mechanical Room Protection Provided: _____

INITIAL TEST

Double Check Assembly

Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 st Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

TEST AFTER REPAIR

Double Check Assembly

Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
1 st Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Reduced Pressure Assembly

1 st Check Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Relief Valve Opening Point	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
2 nd Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Outlet Valve		Pass <input type="checkbox"/> Fail <input type="checkbox"/>

Pressure Vacuum Breaker

Air Inlet Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Check Valve	__ psig	Pass <input type="checkbox"/> Fail <input type="checkbox"/>

I certify the above data is correct and the backflow prevention device is in proper working condition.

Full Tester Name (Print): _____ **Date:** _____

Tester Signature: _____ **Certification Number:** _____