

Test Date: _____ Annual New Removed Replaced* Test After Repair

Notification #: _____ By-Pass Notif. #: _____

CUSTOMER INFORMATION:

Service Address: _____ City: _____

Customer Name: _____ Phone #: _____

TESTED ASSEMBLY INFORMATION:

Assembly Location: _____

Manufacturer: _____ Model #: _____

Serial #: _____ Size: _____

Hazard: _____

BY-PASS Information:

Manufacturer: _____

Model #: _____

Serial #: _____

Size: _____

Fireline Flushing Acknowledgement:

_____ Date of Flushing

_____ Name (Typed or Printed)

TYPE OF DEVICE:

- Reduced Pressure (RP)
 Double Check (DC)
 Pressure Vacuum Breaker
 Air Gap
 Reduced Pressure Detector (RPDA)
 Double Check Detector (DCDA)
 Spill-Resistant Pressure Vacuum Breaker

PASSING BACKFLOW ASSEMBLY TEST RESULTS		
Reduced Pressure / Detector Assembly		
Double Check / Detector Assembly		Relief Valve
Check Valve #1	Check Valve #2	
Closed Tight at: _____ PSID	Closed Tight at: _____ PSID	Opened at: _____ PSID
Closed Tight at: _____ PSID	Closed Tight at: _____ PSID	Opened at: _____ PSID

PVB / SVB
Air Inlet Opened at: _____ PSID
Check Valve Held at: _____ PSID

AIR GAP
2 x Dia, min 1" Supply _____ in
Gap _____ in

Please Check the Replaced Box above.

Assembly Location: _____

Manufacturer: _____ Model #: _____

Serial #: _____ Size: _____

REPAIRS DETAILS/COMMENTS

TESTER INFORMATION:

Tester Name: _____

Phone #: _____

Tester ID#: _____ Expiration Date: _____

Company Name: _____

Phone #: _____

Fax #: _____

Email #: _____