

BACKFLOW PREVENTION ASSEMBLY FIELD TEST FORM

1 Service Name/Address: _____ _____	Service Number: _____	Owner Name/Address: _____ _____		<input type="checkbox"/> RP	<input type="checkbox"/> DCDA
	Assembly Location: _____			<input type="checkbox"/> DC	<input type="checkbox"/> RPDA
				<input type="checkbox"/> PVB	<input type="checkbox"/> DCDA II
				<input type="checkbox"/> SVB	<input type="checkbox"/> RPDA II
Mainline Mfr:	Model	Size	Orientation	Serial Number	
Bypass Mfr:	Model	Size	Orientation	Serial Number	

2 Bypass Water Meter Reading Before Test: _____ After Test: _____

MAINLINE DCDA BYPASS
 DC DCDA II

3	INITIAL TEST	Check Valve 1	Check Valve 2	Check Valve 1	Check Valve 2	Bypass Check
		Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>
	REPAIR DETAILS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____
	FINAL TEST	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>	Leaked _____ PSID <input type="checkbox"/>

MAINLINE RPDA BYPASS
 RP RPDA II

4	INITIAL TEST	Check Valve 1	Check Valve 2	Relief Valve	Check Valve 1	Check Valve 2	Relief Valve	Bypass Check
		_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked
	REPAIR DETAILS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____
	FINAL TEST	_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	_____ PSID <input type="checkbox"/> Did Not Open	_____ PSID <input type="checkbox"/> Leaked

PVB SVB

5	INITIAL TEST	Air Inlet _____ PSID <input type="checkbox"/> Did not Open Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve _____ PSID <input type="checkbox"/> Leaked	REPAIR DETAILS <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	FINAL TEST	Air Inlet _____ PSID <input type="checkbox"/> Did not Open Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve _____ PSID <input type="checkbox"/> Leaked

6 COMMENTS:

INITIAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
REPAIR DETAILS	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	
FINAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Onsite contact acknowledged _____