

BACKFLOW PREVENTER TEST REPORT

Test Reports shall be forwarded to 26300 Lee BeGole Drive, Novi, MI 48375

*** Only One Device Per Test Form / Test Reports MUST be filled out Completely

Plumbing Permit No.: _____ **Fire System Permit No.:** _____

Service Location Name: _____

Service Location Address: _____

ASSE Assembly Listing Approval Number: _____

Manufacture: _____ **Model No.:** _____ **S/N:** _____ **Size:** _____

Type of Device: RPZ DCVA DCDA PVB SVB **Int. Test** Pass Fail **Final Test** Pass Fail

Physical Location of Device, floor, room, purpose (descriptive as possible): _____

New Install

Use of Device: Boiler Feed Water Service Containment Irrigation Cooling Tower Feed
 Main Fire Line Fire Meter Bypass Anti-freeze Isolation Fire Line Water Cooled Compressor
 Pot Filler Dental Suction Equip. X-Ray Developer Pool Fill Sterilizer Reverse Osmosis
 Water Activated Sump Test Equipment Pond Feed Baptismal Feed Other _____

Reduced Pressure Zone Assembly (RPZ)					Pressure Vacuum Breaker (PVB)						
Static Line Pressure PSI _____	Double Check Valve Assembly (DCVA)(DCDA)				Pressure Dif. When Relief Opens	Air Inlet Valve Diff. Opened	Check Valve Differential				
	Check Valve #1	Check Valve #2	Pres. Dif. #1 Check PSID _____	Pres. Dif. Across #2 Check PSID _____			PSID _____	PSID _____	<input type="checkbox"/> Closed Tight		
Initial Test	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Check PSID _____	<input type="checkbox"/> Check PSID _____	<input type="checkbox"/> PSID _____ Open	<input type="checkbox"/> PSID _____ Open	<input type="checkbox"/> Leaked				
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight					Check. #2 Confirm _____		PSID _____		
R E P A I R S	<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	Comments		<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	Shut Off Valves				
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc					<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc.	Closed Tight	#1	#2
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring					<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide					<input type="checkbox"/> Guide	<input type="checkbox"/> Air Inlet Spring	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat					<input type="checkbox"/> Seat	<input type="checkbox"/> Chk Disc	Replaced	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)					<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Check	Repair	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Module	<input type="checkbox"/> Module					<input type="checkbox"/> Module	<input type="checkbox"/> Spring	Other	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit									
Final Test	Check #1 <input type="checkbox"/> Closed <input type="checkbox"/> Leaked	Check #2 <input type="checkbox"/> Closed <input type="checkbox"/> Leaked	Check #1 PSID _____	Check #2 PSID _____	Relief Open at PSID _____	Air Inlet Opened at PSID _____	Check Valve PSID _____	<input type="checkbox"/> Closed <input type="checkbox"/> Leaked			
	Check #2 Confirm _____										

CERTIFICATION: I hereby certify that the data here within to be accurate and that the tested device Did Did Not function within the limits of required performance standards ASSE 5000.

Note: NFPA 25 Main Drain Tests are required on fire sprinkler systems as required by the International Fire Code

Testing Company: _____ **Phone No.** _____

Tester Name (Please Print): _____ **Tester Signature:** _____

ASSE Tester Cert. No. _____ **MI Plumbing License #** _____ **Gauge Model No.** _____

Serial No. _____ **Manufacture:** _____ **** Date of Test Kit Calibration:** _____

****Test Kits Must Be Certified Annually** Time of Test: _____:_____ AM PM **Initial Test Date:** _____

After Repairs Static Line Pressure PSI _____ **After Repairs Re-test Final Test Date:** _____