

Backflow Assembly Test Report



Date: ____ / ____ / ____
mm dd yyyy

Name of Premise: _____ Address: _____

Location of Assembly: _____ Protection Type: Premise Area / Zone Fixture: _____
Type of Fixture

Device Profile: _____ / _____ / _____ / _____ / _____
Type Manufacturer Model Serial Number Size

Test Type: New Installation Annual Repair Replacement Serial # of Device Being Replaced: _____

Testing Equipment: Diff Gauge Sight Tube Gauge S/N: _____ Gauge Calibration Date: _____

Air Gap Inspection: _____ Inches Pass Fail Assembly Orientation: Horizontal Vertical

Reduced Pressure Backflow Assembly Apparent Pressure Drop: _____ PSID Line Pressure: _____ PSIG

Check Valve #1 <input type="checkbox"/> Closed Tight / <input type="checkbox"/> Leaked (A)	Check Valve #2 <input type="checkbox"/> Closed Tight / <input type="checkbox"/> Leaked	Differential Relief Valve (Opening Point) (B)	Buffer (C) (≥3 psi) A - B = Buffer (C)	Test Result (Circle One)
PSID	PSID	PSID	PSID	Pass / Fail

Double Check Valve Assembly

Check Valve #1 <input type="checkbox"/> Closed Tight / <input type="checkbox"/> Leaked	Check Valve #2 <input type="checkbox"/> Closed Tight / <input type="checkbox"/> Leaked	Test Result (Circle One)
PSID	PSID	Pass / Fail

Pressure Vacuum Breaker Assembly Spill Resistant (Yes / No)

Air Inlet Valve <input type="checkbox"/> Opened Fully / <input type="checkbox"/> Failed	Check Valve <input type="checkbox"/> Closed Tight / <input type="checkbox"/> Leaked	Test Result (Circle One)
PSID	PSID	Pass / Fail

Water Service Restored? (Yes / No)

Company Name: _____

Company Phone #: _____

Tester Name: _____

Tester Certification #: _____

I certify that I have tested the above assembly in conformance with the procedures outlined in the AWWA Canadian Cross Connection Control Manual and Canadian Standards Association – *CAN/CSA B64.10*.

Tester Signature: _____

Owner / Rep. Signature: _____