

Backflow Prevention Assembly Test Report -

Service Address

Test Due

/ /

Location:

Check if Correct Corrections

Serial #:	<input type="checkbox"/>	<hr/>
Mfg:	<input type="checkbox"/>	<hr/>
Model:	<input type="checkbox"/>	<hr/>
Type:	<input type="checkbox"/>	<hr/>
Size:	<input type="checkbox"/>	<hr/>

Account #:

Mailing Address

Hazard:
Location 2:

<input type="checkbox"/> Existing	<input type="checkbox"/> Removed	<input type="checkbox"/> Commercial	<input type="checkbox"/> Municipal	<input type="checkbox"/> Domestic	<input type="checkbox"/> Fire
<input type="checkbox"/> New	<input type="checkbox"/> Replaced	<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Bypass

	Reduced Pressure Principle Assembly	PVB/SVB
	Double Check Valve Assembly	
	Check Valve #1	Check Valve #2
		Relief Valve

Initial Test	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did not Open	<input type="checkbox"/> AIR INLET Did not Open
Date _____	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/>	Opened at _____ PSID
Time _____	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	<input type="checkbox"/> CHECK VALVE Leaked
Pass <input type="checkbox"/> Fail <input type="checkbox"/>			Opened at _____ PSID	Held at _____ PSID

Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other
Date _____	_____
Time _____	_____

Final Test	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> AIR INLET Opened at _____ PSID
Date _____	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<input type="checkbox"/> CHECK VALVE Leaked
Time _____			Opened at _____ PSID	Held at _____ PSID
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Comments	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%; text-align: center;">Yes</td> <td style="width: 15%; text-align: center;">No</td> </tr> <tr> <td>Proper Install</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>#2 shut off close</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	Proper Install	<input type="checkbox"/>	<input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input type="checkbox"/>	<input type="checkbox"/>	#2 shut off close	<input type="checkbox"/>	<input type="checkbox"/>
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#2 shut off close	<input type="checkbox"/>	<input type="checkbox"/>														
Yes <input type="checkbox"/> No <input type="checkbox"/> Notification within three days upon failure. Yes <input type="checkbox"/> No <input type="checkbox"/> I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.	Line Pressure _____ Meter Reading _____ Test Kit Mfg _____ Test Kit Model _____															
Tester _____	Company _____															
Certification # _____	Phone _____															
Expire _____	Test Kit Serial # _____															
Signature _____	Calibration Date _____															



CITY OF OLATHE

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