

Backflow Prevention Assembly Test Report

Service Address 	Test Due / /	Location: 																					
Mailing Address 		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"></td> <td style="text-align: center;">Check if Correct</td> <td style="text-align: center;">Corrections</td> </tr> <tr> <td>Serial #:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Mfg:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Model:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Type:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td>Size:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td colspan="3" style="text-align: right;">Account #:</td> </tr> </table>		Check if Correct	Corrections	Serial #:	<input type="checkbox"/>	_____	Mfg:	<input type="checkbox"/>	_____	Model:	<input type="checkbox"/>	_____	Type:	<input type="checkbox"/>	_____	Size:	<input type="checkbox"/>	_____	Account #:		
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Hazard: Location 2:																							

11.	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 <input type="checkbox"/>

	Reduced Pressure Principle Assembly			PVB/SVB 16.
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	AIR INLET
Initial Test Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> 13. Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> 14. Held at _____ PSID	Did not Open <input type="checkbox"/> 15. Opened at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID

Repairs Date _____ Time _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>
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Final Test Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	20. Closed Tight <input type="checkbox"/> Held at _____ PSID	21. Closed Tight <input type="checkbox"/> Held at _____ PSID	22. Opened at _____ PSID	AIR INLET 23. Opened at _____ PSID CHECK VALVE Held at _____ PSID
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Comments 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. Tester _____ Company _____ Certification # _____ Phone _____ Expire _____ Test Kit Serial # _____ Signature _____ Calibration Date _____	25. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="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> <tr> <td>Line Pressure</td> <td colspan="2">_____</td> </tr> <tr> <td>Meter Reading</td> <td colspan="2">_____</td> </tr> <tr> <td>Test Kit Mfg</td> <td colspan="2">_____</td> </tr> <tr> <td>Test Kit Model</td> <td colspan="2">_____</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"/>	Line Pressure	_____		Meter Reading	_____		Test Kit Mfg	_____		Test Kit Model	_____	
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CITY OF OLATHE

1385 S. Robinson Drive
 Olathe, KS 66061

Phone: 913-971-9311 Fax: 913-971-9199

CITY OF OLATHE TEST REPORT INSTRUCTIONS:

- 1) **Service Address**-Address of where the backflow is located(Address, City, State, Zip)
- 2) **Location**-Where is the backflow located? i.e. in a pit, behind bushes, under cabinet, etc.
- 3) **Serial #**-Serial number of the backflow preventer
- 4) **Mfg**-Who is the manufacturer
- 5) **Model**-What is the model of the backflow
- 6) **Type**-RP, DC, PVB, DCDA, RPDA-no new DC on irrigation systems, only RP/PVB
- 7) **Size**-What size is the backflow preventer
- 8) **Mailing Address**-NOT REQUIRED
- 9) **Hazard**-What hazard is the backflow protecting (IICEM, ICARB, ADOME, irrigation)
- 10) **Location 2**-used if not enough room for block 2
- 11) **Check Boxes**- Check if new, existing, removed, replaced; Commercial, Residential, Municipal, Industrial; Domestic, Irrigation, Fire, Bypass.
- 12) **Initial Test**- Fill in date and time of test and if test passed or failed.
- 13) **Check Valve #1**-Record gauge reading and mark if it closed tight or leaked
- 14) **Check Valve #2**-Record gauge reading and mark if it closed tight or leaked
- 15) **Relief Valve**- Record gauge reading or mark that it did not open
- 16) **PVB/SVB**-Record gauge reading for Air Inlet, or mark it did not open; Check Valve- Record gauge reading held at, or mark it leaked.
- 17) **Repairs**-Fill in date and Time of repairs
- 18) **Repairs cont**- check and write what you did for repairs (i.e. replace check, spring etc)
- 19) **Final Test**-Fill in date, time and if test passed or failed
- 20) **Check Valve #1**-New gauge reading and closed tight
- 21) **Check Valve #2**-New gauge reading and closed tight
- 22) **Relief Valve**-New gauge reading
- 23) **PVB/SVB**- New gauge reading for Air Inlet and Check Valve
- 24) **Comments**-write down any comments
 - If test failed, did you notify the City within 3 days
 - Do you certify all information is true and accurate?
 - Tester name printed
 - Company name you work for
 - Current Backflow Certification # (This is verified)
 - Phone # where you can be reached for any questions
 - When does your certification expire? (This is verified)
 - Test report MUST be signed by tester
 - What is the serial number of your test kit?
 - When was your test kit calibrated? (Required annually)
- 25) **YES/NO Check boxes**
 - **Proper Install**- Is the backflow installed correctly according to the type?
 - **RV Exercised**-If you test an RP, you exercised the RV.
 - **Service Restored**-Was the #2 shut off turned back on to restore service?
 - **#2 Shut off close**-Did the #2 shut off hold tight during testing?

Line Pressure-Optional

Meter Reading-only on FISP's and bypass-STAY OUT OF METER PITS

Test Kit MFG-Manufacturer of your test kit

Test Kit Model-Model of your test kit.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT US!!