

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT



INDEPENDENCE
★ WATER DEPARTMENT ★

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CUSTOMER						CITY FILE NUMBER	
SERVICE ADDRESS							
BACKFLOW DEVICE LOCATION						METER NUMBER	
DATE OF TEST:		TIME: AM PM		SUPPLY PRESSURE:		AIR GAP (2 X SUPPLY DIAM.): SUPPLY _____ IN. GAP _____ IN. Pass Fail	
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL #		SERIAL NUMBER:	
HEIGHT OFF FLOOR:		PROTECTION FROM: FREEZING?		FLOODING?		NEW INSTALL?	
		Yes No		Yes No		Yes No	
INITIAL TEST Passed Failed REDUCED PRESSURE PRINCIPLE ASSEMBLY: RELIEF VALVE opened at _____ *PSID (2 PSID min.) 2nd CHECK: held backpressure NO. 2 SHUT OFF VALVE: leak tight 1st CHECK: held in direction of flow _____ *PSID (5 PSID min.) DIFFERENCE: (1st check-relief) _____ *PSID (3 PSID min.) NOTE: FAILURE OF ANY OF THE ABOVE ITEMS REQUIRE REPAIR.				FINAL TEST AFTER REPAIR Passed Failed REDUCED PRESSURE PRINCIPLE ASSEMBLY: RELIEF VALVE opened at _____ *PSID (2 PSID min.) 2nd CHECK: held backpressure NO. 2 SHUT OFF VALVE: leak tight 1st CHECK: held in direction of flow _____ *PSID (5 PSID min.) DIFFERENCE: (1st check-relief) _____ *PSID (3 PSID min.) * Pounds per Square Inch Differential			
INITIAL TEST Passed Failed DOUBLE CHECK VALVE ASSEMBLY: 1st CHECK: held in direction of flow _____ *PSID (1 PSID min.) 2nd CHECK: held backpressure NO. 2 SHUT OFF VALVE: leak tight 2nd CHECK: held in direction of flow _____ *PSID (1 PSID min.) NOTE: FAILURE OF ANY OF THE ABOVE ITEMS REQUIRE REPAIR.				FINAL TEST AFTER REPAIR Passed Failed DOUBLE CHECK VALVE ASSEMBLY: 1st CHECK: held in direction of flow _____ *PSID (1 PSID min.) 2nd CHECK: held backpressure NO. 2 SHUT OFF VALVE: leak tight 2nd CHECK: held in direction of flow _____ *PSID (1 PSID min.) * Pounds per Square Inch Differential			
APPLICATION		COMMENTS					
DOMESTIC FIRELINE IRRIGATION OTHER (EXPLAIN)							
REPAIR HISTORY:							
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE, AND COMPLETE.							
TESTED BY _____ (PRINT) _____ (SIGNATURE)				REPAIRED BY _____ (PRINT) _____ (SIGNATURE)			
COMPANY _____				FINAL TESTED BY _____ (PRINT) _____ (SIGNATURE)			
CERTIFICATION NUMBER		EXPIRATION DATE		CUSTOMER SIGNATURE			DATE

DISTRIBUTION: ONE COPY TO - WATER SUPPLIER ONE COPY TO - OWNER ONE COPY TO - TESTER