



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

City of Airway Heights

Assembly ID	Facility Name		
Acct Number	Meter		Test Report Due:
Service Address			Schedule Code
			Assembly Info (Replacement/Correction)
Assy Location			SN <input type="checkbox"/>
Tap Number	Protection		Mfr <input type="checkbox"/>
Contact Name	Ph		Type <input type="checkbox"/>
Map Page	#2		Size <input type="checkbox"/>
			Model <input type="checkbox"/>
			Install Date
			Permit Num
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	Hazard Type	Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

Approved BFP

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves												
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">#1</td> <td style="text-align: center;">#2</td> </tr> <tr> <td style="text-align: center;">Closed Tight</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Leaked</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		#1	#2	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>	Leaked	<input type="checkbox"/>	<input type="checkbox"/>			
		#1	#2														
Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>															
Leaked	<input type="checkbox"/>	<input type="checkbox"/>															
Pass	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Opened Fully Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked													
Fail	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked															
R E P A I R	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">CLEANED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">REPLACED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">REPAIR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
	CLEANED	<input type="checkbox"/>	<input type="checkbox"/>														
	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>														
	REPAIR	<input type="checkbox"/>	<input type="checkbox"/>														
	Other	<input type="checkbox"/>	<input type="checkbox"/>														
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc													
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring													
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc													
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring														
<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float														
<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm														
<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit														
Other/Notes: _____																	
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>												
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass <input type="checkbox"/>												

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

1A

Initial Test By	Certificate	Test Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							