



49045 Pontiac Trail
Wixom, MI 48393

Backflow Preventer Test Report

(Only one device per test form)

Plumbing Permit # _____ **Service Location Name** _____

Mechanical Permit # _____ **Service Location Address** _____

ASSE Assembly Listing Approval Number _____ Manufacture _____

Model # _____ S/N _____ Size _____

Type of Device RPZ DCVA DCDA PVB SVB **Initial Test** Pass Fail **Final Test** Pass Fail

Physical location of device (descriptive as possible) _____

<input type="checkbox"/> Boiler feed	<input type="checkbox"/> H2O Service Contain	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Cooling Tower Feed	<input type="checkbox"/> Main Fire Line	<input type="checkbox"/> Fire meter bypass
<input type="checkbox"/> Anti-Freeze iso fire line	<input type="checkbox"/> H2O Cooled Comp.	<input type="checkbox"/> Pot Filler	<input type="checkbox"/> Dental Suction Equip.	<input type="checkbox"/> X-ray developer	<input type="checkbox"/> Pool Fill
<input type="checkbox"/> Sterilizer	<input type="checkbox"/> Rev. Osmosis	<input type="checkbox"/> H2O Activated Sump	<input type="checkbox"/> Test Equipment	<input type="checkbox"/> Pond Feed	<input type="checkbox"/> Baptismal Feed

Reduced Pressure Zone Assembly (RPZ)	Pressure Vacuum Breaker (PVB)
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Static Line Pressure PSI _____	Double Check Valve Assembly (DCVA) (DCDA)				Pressure dif. When relief opens PSID _____	Air inlet valve diff. opened PSID _____	Check Valve Differential
	Check Valve 1	Check Valve 2	Pressure dif. #1 Check PSID _____	Pressure dif. #2 Check PSID _____			<input type="checkbox"/> Closed Tight
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Check #2 Confirm _____	<input type="checkbox"/> Did not open	<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>				<input type="checkbox"/> PSID _____	

Repairs	<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	Comments	<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	Shut Off Valves		
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc		<input type="checkbox"/> Disc	<input type="checkbox"/> air inlet disc	Closed Tight	#1	#2
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring		<input type="checkbox"/> Spring	<input type="checkbox"/> air-inlet spring	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide		<input type="checkbox"/> Guide	<input type="checkbox"/> air-inlet spring	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat		<input type="checkbox"/> Seat	<input type="checkbox"/> Check disc	Replaced	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)		<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Check spring	Repair	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Module	<input type="checkbox"/> Module		<input type="checkbox"/> Module	<input type="checkbox"/> Check spring	Other	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit		<input type="checkbox"/> Rubber Kit				

FINAL TEST	Check #1	Check #2	Check #1	Check #2	Relief @ open	Air inlet opened at	Check valve	
	<input type="checkbox"/> Closed	<input type="checkbox"/> Closed	PSID _____	PSID _____	PSID _____	PSID _____	PSID _____	<input type="checkbox"/> Closed
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Check #2 Confirm _____		PSID _____	PSID _____	PSID _____	<input type="checkbox"/> Leaked

CERTIFICATION: I hereby certify that the data here within to be accurate and that the tested device did or did not function within the limits of requested performance standards ASSE 5000. Note NFPA 25 Main Drain Tests are required on fire sprinkler systems as required by the International Fire Code.

Testing Company _____ Phone # _____ MI Plbg Lic. # _____
 Tester Name _____ Tester Signature _____
 ASSE Tester Cert. # _____ Gauge Model # _____ S/N _____
 Manufacture _____

****Test kits must be certified annually—** Time of test _____: _____ AM PM Initial Test Date _____
 After repairs static line pressure PSI _____ After repairs retest final test date _____