BACKFLOW PREVENTION ASSEMBLY FIELD TEST FORM

1

Service Name/Address:	Service Number:	Owner Name/Address:	☐ RP ☐ DC ☐ PVB ☐ SVB	☐ DCDA ☐ RPDA ☐ DCDA II ☐ RPDA II
	Assembly Location:			

Mainline Mfr:	Model	Size	Orientation	Serial Number
Bypass Mfr:	Model	Size	Orientation	Serial Number

2 Bypass Water Meter Reading Before Test: _____ After Test: _____

MAINLINE ☐ **DCDA** **BYPASS**

☐ **DC** ☐ **DCDA II**

3

	Check Valve 1	*Check Valve 2*	*Check Valve 1*	*Check Valve 2*	*Bypass Check*
INITIAL TEST	Leaked _____ PSID ☐	Leaked _____ PSID ☐	Leaked _____ PSID ☐	Leaked _____ PSID ☐	Leaked _____ PSID ☐
REPAIR DETAILS	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____
FINAL TEST	Leaked _____ PSID ☐	Leaked _____ PSID ☐	Leaked _____ PSID ☐	Leaked _____ PSID ☐	Leaked _____ PSID ☐

MAINLINE ☐ **RPDA** **BYPASS**

☐ **RP** ☐ **RPDA II**

4

	Check Valve 1	*Check Valve 2*	*Relief Valve*	*Check Valve 1*	*Check Valve 2*	*Relief Valve*	*Bypass Check*
INITIAL TEST	_____ PSID ☐ Leaked	☐ Closed Tight ☐ Leaked	_____ PSID ☐ Did Not Open	_____ PSID ☐ Leaked	☐ Closed Tight ☐ Leaked	_____ PSID ☐ Did Not Open	_____ PSID ☐ Leaked
REPAIR DETAILS	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____	☐ Cleaned ☐ Replaced _____
FINAL TEST	_____ PSID ☐ Leaked	☐ Closed Tight ☐ Leaked	_____ PSID ☐ Did Not Open	_____ PSID ☐ Leaked	☐ Closed Tight ☐ Leaked	_____ PSID ☐ Did Not Open	_____ PSID ☐ Leaked

☐ **PVB** ☐ **SVB**

5

INITIAL TEST	***Air Inlet*** _____ PSID ☐ Did not Open Opened Fully? ☐ Yes ☐ No	***Check Valve*** _____ PSID ☐ Leaked	**REPAIR DETAILS**	☐ Cleaned ☐ Replaced _____	**FINAL TEST**	***Air Inlet*** _____ PSID ☐ Did not Open Opened Fully? ☐ Yes ☐ No	***Check Valve*** _____ PSID ☐ Leaked

6 **COMMENTS:**

INITIAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	☐ Pass ☐ Fail
REPAIR DETAILS	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	
FINAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	☐ Pass ☐ Fail

Onsite contact acknowledged _____