

Backflow Prevention Assembly Test Report

Incomplete forms **will not** be accepted and could delay your compliance.

1. Water Purveyor Animas Water Company		2. Billing Account No.		Building/Plumbing 3. Permit No.	
4. Service Name		5. Service Address			
6. Contact Name		7. Contact Email		8. Contact Phone	
9. Primary Business or Service at this Location:					
10. Owner/Mgmt Co/Contractor:					
11. Mailing Address:					
12. Contact Name		13. Contact Email		14. Contact Phone	
15. New <input type="checkbox"/> Existing <input type="checkbox"/> If new, removed assembly serial number: _____					
16. Purpose: Secondary/Containment <input type="checkbox"/> Primary/Point of Use (Isolation) <input type="checkbox"/>					
17. Use: Domestic <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Irrigation <input type="checkbox"/> Process <input type="checkbox"/>					
18. Assembly Type: Reduced Pressure <input type="checkbox"/> Double Check <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Other: _____					
19. Manufacturer:		20. Model NO.:		21. Size:	22. Serial No.:
23. Date Installed:		24. Last Inspection:		25. Line Pressure: _____ PSI	
26. Location:				27. Pressure Reducing Valve? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Check Valve #1	Check Valve #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET OPENED AT
28. Initial Test	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ PSID 2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ PSID 2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	OPENED AT _____ PSID DID IT OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO	OPENED AT _____ PSID LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO
29. Repairs	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Part Numbers must be listed in Comments section</i>	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO
	GUIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	GUIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	DIAPHRAGM <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
30. Final Test	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ PSID 2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ PSID 2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	OPENED AT _____ PSID DID IT OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO	OPENED AT _____ PSID LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHUT OFF VALVE# 1 CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> REPAIRED	<input type="checkbox"/> REPLACED
	SHUT OFF VALVE# 2 CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> REPAIRED	<input type="checkbox"/> REPLACED

Repairs (include part description / Comments: _____)

Assembly Mechanical Test: Passed Failed
If mechanical test fails, the Water Purveyor/Authority must be notified immediately and repairs made as soon as possible.

Assembly installation: (Visual Inspection during testing). Passed Failed

Reason for failure: _____

Alarm Company/Fire Department notification:			Name of Contact:		
Turn Off Date:	Time:	Turn On Date:	Time:		

Technician certifies this assembly has been tested in accordance with ASSE Procedures: 5010- _____

Tester Name:		Certification No.:		Expires:	
Tester Signature:			Test Date:		Time:
Tester Phone:		Test Gauge:		Gauge Re-Cert Date:	

Owner or Agent Signature: X _____

Signature indicates verification by Signer that isolation valves were returned to pre-test orientation.