

CITY OF AMHERST

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Amherst, OH 44001

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**Backflow Prevention Assembly
Test Report**

Mailing Address

Test Due:

Serial #:
Meter #:
Device:
Service Address
Address:
Company:
Hazard:
Location:

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID
Details				Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> AIR INLET Opened at _____ PSID
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	CHECK VALVE Held at _____ PSID

Comments	Line Pressure _____ Meter Reading _____ Held Backpressure _____ #2 Shutoff _____ Relief Valve Exercised _____
The above report is certified to be true.	

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>