

# EASTSIDE UTILITY DISTRICT BACKFLOW ASSEMBLY TEST REPORT

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Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Location of Device: \_\_\_\_\_

Device: \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ Serial Number \_\_\_\_\_

Test Kit: \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Calibration Date \_\_\_\_\_ Serial Number \_\_\_\_\_

- RP                       PVB                       DCDA                       Air Gap   
 DC                       SVB                       RPDA                       AVB

Reduced Pressure Principle Assembly				
Relief Valve Opening Point	Check Valve #2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2
Opened at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid
Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

DOUBLE CHECK VALVE				
Check Valve # 2 Backpressure Test	Check Valve #1	Shut Off Valve #2	Check Valve #2	
Closed Tight <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/>	Held at _____ psid	
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	

	Date	Tester	Tester #	Test Kit	Pass Fail	Signature
Initial Test						
Repairs						
Final Test						

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Certified Tester # \_\_\_\_\_

Test by: (signature) \_\_\_\_\_ Print Name: \_\_\_\_\_

**Your signature certifies that all information on this form is correct and accurate.**

Comments: \_\_\_\_\_

**Please include a copy of the current license for the "Tester" and the instrument calibration certification.**