

EASTSIDE UTILITY DISTRICT BACKFLOW ASSEMBLY TEST REPORT

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Name of Premises: _____

Service Address: _____

Location of Device: _____

Device: _____
 Manufacturer _____ Model _____ Size _____ Serial Number _____

Test Kit: _____
 Manufacturer _____ Model _____ Date _____ Serial Number _____

RP PVB DCDA Air Gap
 DC SVB RPDA AVB

Line Pressure _____ psi Assembly Served by Meter # _____ (if applicable)

REDUCED PRESSURE PRINCIPLE ASSEMBLY				
Relief Valve Opening Point	Check Valve #2 Backpressure Test	Check Valve #1	#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	Shutoff Valve #2	Check Valve #2	By-Pass Meter # Meter Reading
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 # _____

Tested 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.