

# 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
<b>Initial Test</b>						
<b>Repairs</b>						
<b>Final Test</b>						

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

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

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

Comments: \_\_\_\_\_ Company Name: \_\_\_\_\_

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