



# BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Cross Connection and Backflow Prevention: (785) 587-4536  
 FAX: (785) 587-2416 email: dettmer@cityofmhk.com  
 1101 Poyntz Avenue, Manhattan, KS 66502

Name of Premises (Company, Person, Etc.) \_\_\_\_\_

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

Water Dept. Location I.D. (Office use only) \_\_\_\_\_

Location of Device on Site \_\_\_\_\_

Device Type \_\_\_\_\_

Manufacturer \_\_\_\_\_

Model No. \_\_\_\_\_

Serial No. \_\_\_\_\_

Size \_\_\_\_\_

## REDUCED PRESSURE PRINCIPLE ASSEMBLY

### Double Check Valve Assembly

Apparent Pressure Drop  
Across First Check Valve \_\_\_\_\_

Date Installed \_\_\_\_\_

Date Rebuilt \_\_\_\_\_

	CHECK VALVE #1 <small>(Must be RELIEF+3 on RPZ)</small>	CHECK VALVE #2 <small>(Must be 1PSID or greater)</small>	RELIEF VALVE <small>(Must be 2 PSID or greater)</small>	PVB/SVB <small>(Must open at 1 PSID or greater)</small>
<b>INITIAL TEST</b>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet _____ PSID Did Not Open <input type="checkbox"/> Check Valve _____ PSID Closed Tight <input type="checkbox"/>
<b>REPAIRS</b> <small>(Please give details)</small>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____ _____			
<b>FINAL TEST</b>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet _____ PSID Did Not Open <input type="checkbox"/> Check Valve _____ PSID Closed Tight <input type="checkbox"/>

The Above Report Is Certified To Be True.

PASS \_\_\_\_\_ FAIL \_\_\_\_\_

Signature \_\_\_\_\_

Certified Tester Number \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Certified Tester Expiration Date \_\_\_\_\_

Test Gauge Mfg. \_\_\_\_\_ Test Gauge Model No. \_\_\_\_\_ Test Gauge Serial No. \_\_\_\_\_

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

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*Be sure to print a copy of this report for your & your customer's records **before you hit submit.**

The test data contained herein, and the judged condition of the backflow assembly, represents the conditions of internal check valves, and the backflow assembly, solely at the time the testing was conducted.