



BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Cross Connection and Backflow Prevention Program: (785) 587-4544
 Email: jaden.groene@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>
INITIAL TEST	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"/>
REPAIRS <small>(Please give details)</small>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____ _____ _____ _____
FINAL TEST	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 _____

Print Name _____

Certified Tester Number _____

Date _____ Time _____

Certified Tester Expiration Date _____

Test Gauge Mfg. _____

Test Gauge Model No. _____

Test Gauge Serial No. _____

Comments: _____

Customer Signature _____ Date _____

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.