

BACKFLOW ASSEMBLY TEST FORM

Service # _____ **Type of Assembly:** RP DCV PVB SVB Other: _____

Location of Assembly: _____

Address of Assembly: _____

Owner of Assembly: _____

Mailing Address: _____

Make: _____ **Model:** _____ **Size:** _____ **Serial Number:** _____

Assembly connected to what equipment: _____

Assembly Status: Existing Replacement New

Type of Protection: Isolation Zone Containment Fire RP DCV PVB SVB PVB

INITIAL TEST	CHECK VALVE # 1		CHECK VALVE # 2		DP RELIEF VALVE		SVB & PVB AIR INLET	
	PSI Across _____		PSI Across _____		Opened @ _____ PSI		Opened @ _____ PSI	
Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Did not open <input type="checkbox"/>		Did not open <input type="checkbox"/>		
				Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		
REPAIRS	Parts - Cleaned	Installed	Parts - Cleaned	Installed	Parts - Cleaned	Installed	Parts - Cleaned	Installed
	Disk <input type="checkbox"/>	<input type="checkbox"/>	Disk <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	<input type="checkbox"/>	Air Inlet <input type="checkbox"/>	<input type="checkbox"/>
Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	<input type="checkbox"/>	Disk <input type="checkbox"/>	<input type="checkbox"/>	
Guide <input type="checkbox"/>	<input type="checkbox"/>	Guide <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	Air Inlet <input type="checkbox"/>	<input type="checkbox"/>	
Seat <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	<input type="checkbox"/>	Guide <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	
O-Rings <input type="checkbox"/>	<input type="checkbox"/>	O-Rings <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	<input type="checkbox"/>	All Parts <input type="checkbox"/>	<input type="checkbox"/>	
All Parts <input type="checkbox"/>	<input type="checkbox"/>	All Parts <input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="checkbox"/>	<input type="checkbox"/>	
Other: <input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="checkbox"/>	<input type="checkbox"/>	Describe: _____		Describe: _____		
Describe: _____		Describe: _____		PSI Across _____		PSI Across _____		
PSI Across _____		PSI Across _____		Opened @ _____ PSI		Opened @ _____ PSI		
Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Did not open <input type="checkbox"/>		

Assembly: Passed **Date:** _____ **Failed** **Date:** _____

Comments: _____

Initial Test By: _____ **Final Test By:** _____

Repaired By: _____ **Date:** _____

Test Kit Make: _____ **Model #:** _____ **Serial #:** _____ **Calibration Date:** _____

Tester Signature: _____ **UT Tester #:** _____ **Tester Telephone #:** _____

I certify the above test has been performed and I am aware of the final performance.

Device Owner Representative: _____ **Date:** _____

Mail Report to: Salt Lake City Public Utilities
 Cross-Connection Section
 1530 South West Temple Street
 Salt Lake City, UT 84115
 Phone # (801) 483-6840
 Phone# (801) 483-6810
 E-mail: backflow@slcgov.com