



Backflow Prevention Device Test Report

BUSINESS / CUSTOMER NAME _____ CONTACT PERSON _____
 MAILING ADDRESS _____ CONTACT PHONE # _____
 ADDRESS OF DEVICE _____
 LOCATION OF DEVICE ON PREMISES _____
 REASON FOR DEVICE _____ TYPE OF DEVICE _____
 SIZE _____ MAKE _____ MODEL _____ SERIAL NO. _____

1. REDUCED PRESSURE BACKFLOW PREVENTER (ASSE 1013)

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repair	Leaked <input type="checkbox"/> fail Closed Tight <input type="checkbox"/> pass Apparent Pressure _____ psi Actual Pressure _____ psi	Leaked <input type="checkbox"/> fail Closed Tight <input type="checkbox"/> pass	Opened at _____ psi <input type="checkbox"/> fail <input type="checkbox"/> pass
Describe Repairs & Materials			
Final Test	Closed Tight <input type="checkbox"/> pass	Closed Tight <input type="checkbox"/> pass	Opened at _____ psi <input type="checkbox"/> pass

2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015)

	Shut-off Valve #2	Check Valve #1	Check Valve #2
Test Before Repair	Leaked <input type="checkbox"/> fail Holding <input type="checkbox"/> pass	<input type="checkbox"/> fail <input type="checkbox"/> pass Pressure Differential _____ psi	<input type="checkbox"/> fail <input type="checkbox"/> pass Pressure Differential _____ psi
Describe Repairs & Materials			
Final Test	Holding <input type="checkbox"/> pass	<input type="checkbox"/> pass _____ psi	<input type="checkbox"/> pass _____ psi

3. PRESSURE TYPE VACUUM BREAKERS (ASSE1020)

	Air Inlet Valve	Check Valve #1
Test Before Repair	Did Not Open <input type="checkbox"/> fail Opened <input type="checkbox"/> pass Opened at _____ psi	Leaked <input type="checkbox"/> fail Closed Tight <input type="checkbox"/> pass Held at _____ psi
Describe Repairs & Materials		
Final Test	Opened <input type="checkbox"/> pass	Held <input type="checkbox"/> pass

4. AIR GAP SEPARATION (ASME A112.1.2)

No Indication of Bypass <input type="checkbox"/> fail <input type="checkbox"/> pass
Minimum separation is provided <input type="checkbox"/> fail <input type="checkbox"/> pass
Separation Distance _____ inches

PRINTED NAME OF PERSON PERFORMING TEST _____ TEST DATE _____

TESTER PHONE # _____ PLUMBING COMPANY _____

I CERTIFY THAT THE ABOVE DEVICE WAS INSPECTED, TESTED AND IS FUNCTIONING PROPERLY.

TESTER SIGNATURE _____ TESTER CERTIFICATE NUMBER _____

Please return COMPLETED FORM to:
City of Miami's Star City • Public Utilities Department
Attn: Public Utilities Supervisor
600 North Main Street • Miami's Star City, Ohio 45342
phone # 937-847-6635 • fax # 937-847-6634