**Backflow Prevention Assembly
Test Report**

Email: backflow@augustawater.com

Mailing Address: _____   Size: _____
                 _____   Device: _____
                 _____

Serial #: _____   Test Preformed By:
Test Due: _____   Company Name: _____
Last Test: _____   Address: _____
Service Address: _____   _____
Location: _____

RP ☐	DCDA ☐
DC ☐	RPDA ☐
PVB ☐	Air Gap ☐
SVB ☐	AVB ☐

Reduced Pressure Principle Assembly

Double Check Valve Assembly

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked ☐ Closed Tight ☐ Min. 5.0 PSID Held at_____PSID	Leaked ☐ Closed Tight ☐ Min. 1.0 PSID Held at_____PSID	Did not Open ☐ Must Open Min. of 2.0 PSID Opened at_____PSID	**AIR INLET** Did not Open ☐ Opened at_____PSID
Repairs **Details**	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	Cleaned ☐ Replaced ☐	**CHECK VALVE** Leaked ☐ Held at_____PSID Cleaned ☐ Replaced ☐ **AIR INLET** Opened at_____PSID
Final Test	Closed Tight ☐ Held at_____PSID	Closed Tight ☐ Held at_____PSID	Opened at_____PSID	**CHECK VALVE** Held at_____PSID

Comments

The above report is certified to be true.

	Line Pressure	_____
	Meter Reading	_____
	Held Backpressure	_____
	#2 Shutoff	_____
	Relief Valve Exercised	

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						☐	☐
Repairs						☐	☐
Final Test						☐	☐