



Charter Township of Harrison

BUILDING, ORDINANCE, PLANNING & ZONING

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BACKFLOW PREVENTER TEST REPORT

STREET ADDRESS:		HARRISON TOWNSHIP, MI 48045	
FACILITY	RESIDENCE	PHONE NUMBER:	TEST DATE:
HARRISON TWP. WATER METER NO. THAT SUPPLIES THIS DEVICE (REQUIRED):			
EXACT LOCATION & SERVICE:			

MANUFACTURER:	MODEL:	SERIAL #:	SIZE:					
TYPE OF DEVICE:	RP /RFP	DC /DCF	PVBA	RPDF	DCDF	H.B.	SPVB	OTHER _____
CONTAINMENT DEVICE	ISOLATION DEVICE	ACCESSIBLE PER CODE:	YES	NO				

LINE PRESSURE: _____ PSI	DOUBLE CHECK VALVE ASSEMBLY (DVCA /DCDC)				RPZ RELIEF VALVE (INCLUDING DCVA TEST)		PRESSURE VACUUM BREAKER (PVB / SPVB)	
	CHECK VALVE #1	CHECK VALVE #2	PRESSURE DIFFERENCE ACROSS #1 CHECK	PRESSURE DIFFERENCE ACROSS #2 CHECK	PRESSURE DIFFERENCE WHEN RELIEF OPENS:	STRAINER WITH DEVICE?	AIR INLET VALVE DIFFERENTIAL	CHECK VALVE DIFFERENTIAL
INITIAL TEST	LEAKED CLOSED	LEAKED CLOSED	_____ PSI	_____ PSI	_____ PSID	YES NO	OPENS _____ PSID _____	CLOSED _____ LEAKED _____ PSID _____
DESCRIBE REPAIRS								
FINAL TEST	LEAKED CLOSED	LEAKED CLOSED	_____ PSI	_____ PSI	_____ PSID CONFIRM RELIEF	YES NO	OPENS _____ PSID _____	CLOSED _____ LEAKED _____ PSID _____

ALL DEVICES:	FIRST VALVE (INLET)		SECOND VALVE (OUTLET)	
	LEAKED	CLOSED	LEAKED	CLOSED

NOTES	

ASSE TEST PERFORMED:	5013 RP/RFP	5015 DC/DCE	5020 PVBA	5047 RPDF	5048 DCDE	5052 H.B.	5056 SPVB	CSA B64.10 / B64.10.1
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TESTING ENTITY INFORMATION	COMPANY NAME:	CERTIFIED TESTER:	
	STREET ADDRESS:	CERTIFICATION NUMBER:	LICENSE NUMBER:
	PHONE:	GAUGE MAKE:	GAUGE NUMBER:
	FAX:	DATE OF LAST CALIBRATION:	

CERTIFICATION:	I HEREBY CERTIFY THE FOREGOING INFORMATION TO BE TRUE AND ACCURATE AND THAT THE DEVICE PASSED FAILED THE NOTED TEST. I ALSO CERTIFY THAT I HAVE VISUALLY EXAMINED ALL HOSE BIBBS, HOSE CONNECTIONS, AND/OR PEDESTALS AS APPLICABLE AND THAT THEY ARE PROTECTED BY ASSE HOSE BIBB VACUUM BREAKERS AS NECESSARY.
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TESTER'S SIGNATURE:
