



BACKFLOW PREVENTER TEST REPORT

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FACILITY _____ OR RESIDENCE - TELEPHONE: _____ TEST DATE: _____

STREET ADDRESS: _____ HARRISON TOWNSHIP, MI 48045

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

REQUIRED Harrison Township Water Meter Number That Supplies This Device: _____

EXACT LOCATION & SERVICE: _____

	DOUBLE CHECK VALVE ASSEMBLY (DCVA/DCDC)				RPZ RELIEF VALVE (INCLUDING DCVA TEST)		PRESSURE VACUUM BREAKER (PVB/SPVB)	
LINE PRESSURE ____ PSI	CHECK VALVE # 1	CHECK VALVE # 2	PRESS. DIFF. ACROSS #1 CHECK	PRESS. DIFF. ACROSS #2 CHECK	PRESS. DIFF. WHEN RLF. OPENS	STRAINER WITH DEVICE	AIR INLET VALVE DIFFERENTIAL	CHECK VALVE DIFFERENTIAL
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	____ PSI	____ PSI	____ PSID	<input type="checkbox"/> YES <input type="checkbox"/> NO	OPENS _____ PSID _____	<input type="checkbox"/> CLOSED <input type="checkbox"/> LEAKED PSID _____
DESCRIBERS								
FINAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED	____ PSI	____ PSI	____ PSID <input type="checkbox"/> Confirm Relief		OPENS _____ PSID _____	<input type="checkbox"/> CLOSED <input type="checkbox"/> LEAKED PSID _____

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

NOTES	

***ASSE TEST PERFORMED** 5013 RP/REP 5015 DC/DCF 5020 PVBA 5047 RPDF 5048 DCDF 5052 H.B. 5056 SPVB CSA B64.10/B64.10.1

TESTING ENTITY INFORMATION

COMPANY NAME: _____ CERTIFIED TESTER (Print): _____

STREET ADDRESS: _____ CERTIFICATION # _____ LICENSE # _____

PHONE: _____ GAUGE MAKE _____ GAUGE # _____

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.

***TESTER'S SIGNATURE:** _____