

Mail or Deliver Original to:

BACKFLOW DEVICE TEST REPORT



Attn: Cross Connection Control
 City of Hesston
 115 E Smith St
 PO Box 100
 Hesston KS 67062

Size: _____ Manufacturer: _____ Serial #: _____

Model #: _____ Type: _____ Owner: _____

Location: _____

Reduced Pressure Principal Assembly				
Double Check Valve Assembly				
	Check Valve #2	Check Valve #1	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	1. <input type="checkbox"/> Closed Tight 2. <input type="checkbox"/> Leaked	1. <input type="checkbox"/> Closed Tight RP _____ PSID 2. <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did not Open	Air Inlet Opened at _____ PSID <input type="checkbox"/> Did not Open
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pine <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pine <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other Describe	<input type="checkbox"/> Cleaned <input type="checkbox"/> Cleaned Sensing Lines <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring Diaphragm Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower Seat <input type="checkbox"/> Upper <input type="checkbox"/> Lower Spacer <input type="checkbox"/> Lower <input type="checkbox"/> Other Describe	<input type="checkbox"/> Check Valve Held at _____ PDIS <input type="checkbox"/> Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Air Inlet <input type="checkbox"/> Disc <input type="checkbox"/> Check Disc Air Inlet <input type="checkbox"/> Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other Describe
Final Test	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	Opened at _____ PSID Reduced Pressure	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

The above is certified to be true.

Initial Test By: _____ Date: _____ Certified Tester #

Repaired By: _____ Date: _____

Final Test By: _____ Date: _____ Certified Tester #