

# Backflow Prevention Assembly Test Report

Putnam Community Water  
 920 River Road  
 Marietta, Ohio 45750  
 Phone; 740 373 - 0975

Serial # \_\_\_\_\_ Device Make: \_\_\_\_\_ Size: \_\_\_\_\_ New \_\_\_\_\_ Existing: \_\_\_\_\_

Hazard: \_\_\_\_\_ Location of Device: \_\_\_\_\_

Mailing Address

Service Address

Company Name:			Company Name:		
Contact:			Contact:		
Address:			Address:		
City	State	Zip Code	City	State	Zip Code

<b>INFORMATION MUST BE FILLED OUT COMPLETELY</b>	<b>Reduced Pressure Principle Assembly</b>			RPPA <input type="checkbox"/>	DCDA <input type="checkbox"/>
	<b>Double Check Valve Assembly</b>			DC <input type="checkbox"/>	RPDA <input type="checkbox"/>
				PVB <input type="checkbox"/>	
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB</b>	
<b>Initial Test</b>	Leaked <input type="checkbox"/> Held at _____ PSID Shut off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID Shut off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<b>AIR INLET</b> Did not open <input type="checkbox"/>  Opened at _____ PSID	
<b>Repair Details</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID  Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	
<b>Final Test</b>	Held at _____ PSID Shut-off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Closed Tight Held at _____ PSID	Opened at _____ PSID Shut-off Valve #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<b>AIR INLET</b> Opened at _____ PSID  <b>CHECK VALVE</b> Held at _____ PSID	
Test Kit Model #:		Date Test Kit was last calibrated:			

The above report is certified to be true

	Date	Signature	Tester #	Passed	Failed
Initial Test					
Repairs					
Final Repairs					

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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