



# Backflow Prevention Device Test Report

BUSINESS / CUSTOMER NAME \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_  
 ADDRESS OF DEVICE \_\_\_\_\_  
 LOCATION OF DEVICE ON PREMISES \_\_\_\_\_  
 REASON FOR DEVICE \_\_\_\_\_ TYPE OF DEVICE \_\_\_\_\_  
 SIZE \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

**1. REDUCED PRESSURE BACKFLOW PREVENTER (ASSE 1013)**

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Test Before Repair	Leaked <input type="checkbox"/> fail Closed Tight <input type="checkbox"/> pass Apparent Pressure _____ psi Actual Pressure _____ psi	Leaked <input type="checkbox"/> fail Closed Tight <input type="checkbox"/> pass	Opened at _____ psi <input type="checkbox"/> fail <input type="checkbox"/> pass
Describe Repairs & Materials			
Final Test	Closed Tight <input type="checkbox"/> pass	Closed Tight <input type="checkbox"/> pass	Opened at _____ psi <input type="checkbox"/> pass

**2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015)**

	Shut-off Valve #2	Check Valve #1	Check Valve #2
Test Before Repair	Leaked <input type="checkbox"/> fail Holding <input type="checkbox"/> pass	<input type="checkbox"/> fail <input type="checkbox"/> pass Pressure Differential _____ psi	<input type="checkbox"/> fail <input type="checkbox"/> pass Pressure Differential _____ psi
Describe Repairs & Materials			
Final Test	Holding <input type="checkbox"/> pass	<input type="checkbox"/> pass _____ psi	<input type="checkbox"/> pass _____ psi

**3. PRESSURE TYPE VACUUM BREAKERS (ASSE1020)**

	Air Inlet Valve	Check Valve #1
Test Before Repair	Did Not Open <input type="checkbox"/> fail Opened <input type="checkbox"/> pass Opened at _____ psi	Leaked <input type="checkbox"/> fail Closed Tight <input type="checkbox"/> pass Held at _____ psi
Describe Repairs & Materials		
Final Test	Opened <input type="checkbox"/> pass	Held <input type="checkbox"/> pass

**4. AIR GAP SEPARATION (ASME A112.1.2)**

No Indication of Bypass <input type="checkbox"/> fail <input type="checkbox"/> pass
Minimum separation is provided <input type="checkbox"/> fail <input type="checkbox"/> pass Separation Distance _____ inches

PRINTED NAME OF PERSON PERFORMING TEST \_\_\_\_\_ TEST DATE \_\_\_\_\_  
 TESTER PHONE # \_\_\_\_\_ PLUMBING COMPANY \_\_\_\_\_  
 I CERTIFY THAT THE ABOVE DEVICE WAS INSPECTED, TESTED AND IS FUNCTIONING PROPERLY.  
 TESTER SIGNATURE \_\_\_\_\_ TESTER CERTIFICATE NUMBER \_\_\_\_\_

**Please return COMPLETED FORM to:**  
**City of Miamisburg • Public Utilities Department**  
**Attn: Public Utilities Supervisor**  
**600 North Main Street • Miamisburg, Ohio 45342**  
**phone # 937-847-6635 • fax # 937-847-6634**