

CITY OF DUBUQUE
 Masterpiece on the Mississippi
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER				TEST KIT SN			
MAILING ADDRESS				ACCOUNT NUMBER			
SERVICE LOCATION				METER NUMBER			
DEVICE LOCATION				THERMAL EXPANSION PROTECTION YES <input type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>			
DATE OF TEST	TIME <input type="checkbox"/> PM <input type="checkbox"/> AM	SUPPLY PRESSURE PSI	AIR GAP (2 X Supply Dia.)		PASS <input type="checkbox"/>		
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SUPPLY IN.	GAP IN.	FAIL <input type="checkbox"/>		
HEIGHT OFF FLOOR (FT./IN.)	PROTECTION FROM: FREEZING: <input type="checkbox"/> FLOODING: <input type="checkbox"/>	PROPER INSTALLATION YES <input type="checkbox"/> NO <input type="checkbox"/>	PROTECTION TYPE		NEW INSTALL YES <input type="checkbox"/> NO <input type="checkbox"/>		

REDUCED PRESSURE PRINCIPAL ASSEMBLY

INITIAL TEST			FINAL TEST AFTER REPAIRS			
	RESULTS	PASSED	FAILED	PASSED	FAILED	RESULTS
1. 1st Check: Held in dir. of flow (5 PSID min.)	*PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
2. Relief Valve: Opened at (2 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
3. Difference: 1st Check - Relief	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
4. 2nd Check: Held Backpressure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. No. 2 Shut Off Valve: Leak tight?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. 2nd Check: Held in dir. of flow (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
Failure of any items above requires repair.				* Pounds Per Square Inch Differential		

DOUBLE CHECK VALVE ASSEMBLY

INITIAL TEST			FINAL TEST AFTER REPAIRS			
	RESULTS	PASSED	FAILED	PASSED	FAILED	RESULTS
1. 1st Check: Held in dir. of flow (1 PSID min.)	*PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
2. 2nd Check: Held Backpressure?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. No. 2 Shut Off Valve: Leak tight?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. 2nd Check: Held in dir. of flow (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
Failure of any items above requires repair.						

PRESSURE VACUUM BREAKER / ANTI-SPILL VACUUM BREAKER: Approved Applications Only

INITIAL TEST			FINAL TEST AFTER REPAIRS			
	RESULTS	PASSED	FAILED	PASSED	FAILED	RESULTS
1. Internal Check: Held (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
2. Internal Poppet: Opened at: (1 PSID min.)	PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PSID
Failure of any items above requires repair.						

COMMENTS:

REPAIR HISTORY:

TESTED BY:	PRINT NAME	SIGNATURE	COMPANY	CERTIF. NO.
FINAL TEST BY:	PRINT NAME	SIGNATURE	COMPANY	CERTIF. NO.
OWNER / OWNER REPRESENTATIVE		SIGNATURE	COMPANY	DATE.