



# Backflow Prevention Assembly Test Report

## City of Heath Water Distribution

[jappleman@heathohio.gov](mailto:jappleman@heathohio.gov) 740-522-6282

Assembly ID:		Facility Name:	
Acct Number:		Meter:	Test Report Due:
Service Address:		Schedule Code:	
Assembly Info (Replacement/Correction)			
Assy Location:		SN <input type="checkbox"/>	
Tap Number:	Protection	Containment	Mfr <input type="checkbox"/>
Contact Name		Phone:	Type <input type="checkbox"/>
Map Page		Size <input type="checkbox"/>	
		Model <input type="checkbox"/>	
		Install Date:	
		Permit Number:	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Product	Hazard Type:	Hazard Level:
LINE PRESSURE: _____		Report of Test Results: <input type="checkbox"/> Approved BFP	

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	Closed Tight <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Held at _____ PSID	Leaked <input type="checkbox"/> <input type="checkbox"/>
<b>REPAIR</b>	<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	<input type="checkbox"/> Cleaned Replaced	#1 #2
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	Cleaned <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	Replaced <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc	Repair <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring	Other <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float	
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm	
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			
	Other/Notes:				
<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	Ck Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>

**The above report is certified to be true:**

Initial Test By:	Certificate:	Date:	Gauge #:	Time In:	Time Out:	Company:	Phone:
Final Test By:							