

CITY OF HURRICANE BACKFLOW ASSEMBLY TEST REPORT

Commercial Residential HOA New Construction Yes No

Owner of Assembly _____ Bldg Permit No. _____

Owner Mailing Address _____ City _____ Zip _____

Address of Assesmbly _____ City _____ Zip _____

Assembly Location Description _____

Manufacturer: _____	Model No. _____	Size: _____	Serial: _____
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Style: RP DC PVB DCDA RPDA AIR GAP

	Reduced Pressure Principle Assembly			
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	
INITIAL TEST	Held at ____ PSID Closed tight Leaked	Held at ____ PSID Closed tight Leaked	Opened at ____ PSID Did not open	
REPAIRS	Cleaned Replaced	Cleaned Replaced	Cleaned Replaced	CHECK VALVE Held at _____ Leaked Cleaned Replaced
FINAL TEST	Closed tight _____ Leaked	Closed tight _____ Leaked	Closed tight _____ Leaked	Air inlet _____ Check Valve _____

COMMENTS: _____

Initial test by: _____ Date: _____
 Certification No. _____ Pass Fail

Repaired by: _____ Date: _____
 Certification No. _____ Pass Fail

Final test by: _____ Date: _____
 Certification No. _____ Pass Fail

Authorized by: _____

*****TEST FORM MUST BE COMPLETE AND ACCURATE*****