

CITY OF MOLINE

30 18 Street

Moline, IL 61265

Phone: 309-797-0489

Fax: 309-797-0498

**Backflow Prevention Assembly
Test Report**

Mailing Address

Device:

Loc ID:
Serial #:
Test Due:
Service Address
Address:
Company:
Hazard:
Location:

	Reduced Pressure Principle Assembly			RP <input type="checkbox"/> DCDA <input type="checkbox"/> DC <input type="checkbox"/> RPDA <input type="checkbox"/> PVB <input type="checkbox"/> Air Gap <input type="checkbox"/> SVB <input type="checkbox"/> AVB <input type="checkbox"/>
	Double Check Valve Assembly			
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
Initial Test	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	AIR INLET Did not Open <input type="checkbox"/> Opened at _____ PSID
Repairs	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	CHECK VALVE Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>
Details				AIR INLET Opened at _____ PSID
Final Test	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	CHECK VALVE Held at _____ PSID

Comments

The above report is certified to be true.

Line Pressure _____

Meter Reading _____

Held Backpressure _____

#2 Shutoff _____

Relief Valve Exercised _____

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>