



BACKFLOW DEVICE TEST REPORT

ADDRESS AND PHONE NUMBER:

City of Boone
 923 8th Street
 PO Box 550
 Boone, IA 50036

Attn: Dave Ades, Building Official
 Phone: (515) 433-0633
 Fax: (515) 433-0630
 Email: dades@booneiowa.gov

Customer or Business Name		Contact Person	Phone Number
Mailing Address			
Service Address		Isolation <input type="checkbox"/>	Containment <input type="checkbox"/>
Device Protects Backflow from:			
Date of Test	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Supply Pressure _____ lbs	
Type of Assembly	Manufacturer	Model	Size
Serial No.		Meter No.	
Height off Floor (in./Ft)	Protection From: Freezing <input type="checkbox"/> Yes <input type="checkbox"/> No	Flooding <input type="checkbox"/> Yes <input type="checkbox"/> No	New Installation <input type="checkbox"/> Yes <input type="checkbox"/> No
Is device installed according to plumbing code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does branch piping exist prior to the meter or containment device? <input type="checkbox"/> Yes <input type="checkbox"/> No		Plumbing Permit No.

Below portion must be completed by tester

DEVICE LOCATION:

<p>REDUCED PRESSURE PRINCIPAL ASSEMBLY</p> <p style="text-align: right;">Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p style="text-align: center;">Initial Test</p> <p>1st Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>Relief Valve opened at _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>Difference (1st check-relief) _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held backpressure <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p><small>*Failure of any of above items requires repair</small></p>	<p>REDUCED PRESSURE PRINCIPAL ASSEMBLY</p> <p style="text-align: right;">Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p style="text-align: center;">Final Test After Repair</p> <p>1st Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>Relief Valve opened at _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>Difference (1st check-relief) _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held backpressure <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p>
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<p>DOUBLE CHECK VALVE ASSEMBLY</p> <p style="text-align: right;">Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p style="text-align: center;">Initial Test</p> <p>1st Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held backpressure <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p><small>*Failure of any of above items requires repair</small></p>	<p>DOUBLE CHECK VALVE ASSEMBLY</p> <p style="text-align: right;">Passed <input type="checkbox"/> Failed <input type="checkbox"/></p> <p style="text-align: center;">Final Test After Repair</p> <p>1st Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held backpressure <input type="checkbox"/> <input type="checkbox"/></p> <p>2nd Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/></p>
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PRESSURE VACUUM BREAKER	Initial Test	Air Inlet opened _____ at _____ PSID	Check Valve held in direction of flow _____ PSID	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
	After Repair	Air Inlet opened _____ at _____ PSID	Check Valve held in direction of flow _____ PSID	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By:	Repaired By:
Print Name _____ Signature _____	Final Test By:
Company _____ Ph. # _____	Date:
Registration No _____ Registration Expiration Date: _____	