



BACKFLOW PREVENTION DEVICE FOR CONTAINMENT TESTING AND MAINTENANCE REPORT

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CUSTOMER NAME	ACCOUNT NUMBER
SERVICE ADDRESS	METER NUMBER
MAILING ADDRESS	

TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SERIAL NUMBER	SIZE
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DEVICE LOCATION

TEST DATE	TIME	SUPPLY PRESSURE PSI	HEIGHT OFF FLOOR	NEW INSTALLATION ? YES NO
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PROTECTION FROM: FREEZING ? YES NO FLOODING ? YES NO	Does branch piping exist prior to the meter or containment device? YES NO
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INITIAL TEST	FINAL TEST AFTER REPAIR
PASSED	PASSED
FAILED*	FAILED*
REDUCED PRESSURE PRINCIPAL ASSEMBLY <input type="checkbox"/>	REDUCED PRESSURE PRINCIPAL ASSEMBLY <input type="checkbox"/>
1 ST CHECK held in	1 ST CHECK held in
direction of flow ____PSID (5 PSID or more) <input type="checkbox"/>	direction of flow ____PSID (5 PSID or more) <input type="checkbox"/>
RELIEF VALVE	RELIEF VALVE
opened at ____PSID (2 PSID or more) <input type="checkbox"/>	opened at ____PSID (2 PSID or more) <input type="checkbox"/>
DIFFERENCE (1 ST CHECK - RELIEF)	DIFFERENCE (1 ST CHECK - RELIEF)
____PSID (3 PSID or more) <input type="checkbox"/>	____PSID (3 PSID or more) <input type="checkbox"/>
2 ND CHECK held in	2 ND CHECK held in
direction of flow ____PSID (1 PSID or more) <input type="checkbox"/>	direction of flow ____PSID (1 PSID or more) <input type="checkbox"/>
2 ND CHECK held backpressure <input type="checkbox"/>	2 ND CHECK held backpressure <input type="checkbox"/>
No. 2 SHUT-OFF VALVE leak tight <input type="checkbox"/>	No. 2 SHUT-OFF VALVE leak tight <input type="checkbox"/>
* failure of any of the above items requires repair	* failure of any of the above items requires repair

INITIAL TEST	FINAL TEST AFTER REPAIR
PASSED	PASSED
FAILED*	FAILED*
DOUBLE CHECK VALVE ASSEMBLY <input type="checkbox"/>	DOUBLE CHECK VALVE ASSEMBLY <input type="checkbox"/>
1 ST CHECK held in	1 ST CHECK held in
direction of flow ____PSID (1 PSID or more) <input type="checkbox"/>	direction of flow ____PSID (1 PSID or more) <input type="checkbox"/>
2 ND CHECK held backpressure <input type="checkbox"/>	2 ND CHECK held backpressure <input type="checkbox"/>
2 ND CHECK held in	2 ND CHECK held in
direction of flow ____PSID (1 PSID or more) <input type="checkbox"/>	direction of flow ____PSID (1 PSID or more) <input type="checkbox"/>
No. 2 SHUT-OFF VALVE leak tight <input type="checkbox"/>	No. 2 SHUT-OFF VALVE leak tight <input type="checkbox"/>
* failure of any of the above items requires repair	* failure of any of the above items requires repair

REPAIR COMMENTS:

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

TESTED BY: PRINTED NAME/SIGNATURE	REPAIRED BY: PRINTED NAME/SIGNATURE
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COMPANY	FINAL TEST BY: PRINTED NAME/SIGNATURE
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REGISTRATION No. REGISTRATION EXPIRATION DATE	FINAL TEST DATE
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May-2017