



City of Scottsdale Water Resources

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

ASSEMBLY INFORMATION				
1. Water Purveyor:	2. Water Meter Number:	3. Permit Number:		
4: Manufacturer:	4. Meter Size:	4. Model Number:	4. Serial Number:	
5. Management Company, Address, City, State and Zip Code:			5. Management Company Contact & Phone Number:	
6. Owner Name, Address, City, State & Zip Code:			6	
Service Authorized by: <input type="checkbox"/> Owner <input type="checkbox"/> Management Co. <input type="checkbox"/> Other	Authorization Contact:	Authorization Phone Number:		
7. Backflow Assembly Address & Zip Code:	7. Location of Assembly On-Site:	7. Primary Business at this location:		
8. Is this a new Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is this a replacement Assembly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Serial Number:		
9. Purpose of Assembly: <input type="checkbox"/> Secondary/Containment <input type="checkbox"/> Primary/Point of Use <input type="checkbox"/> Fire System <input type="checkbox"/> Landscape <input type="checkbox"/> Potable/Domestic				
10. Type of Assembly: <input type="checkbox"/> SVB <input type="checkbox"/> PVB <input type="checkbox"/> DC <input type="checkbox"/> RP Other Click here to enter text.		11. Line Pressure:	10. Back Pressure: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Air Inlet Opened at _____ PSID Leaked? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Initial Test	1. Closed Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID 2. Leaked? <input type="checkbox"/> Yes <input type="checkbox"/> No	1. Closed Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID 2. Leaked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Opened at _____ PSID Did Not Open? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve Held at _____ PSID 2. Leaked? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Repairs – Parts numbers must be listed in Comments section below	Cleaned <input type="checkbox"/> Yes <input type="checkbox"/> No Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No Rubber Kit Disc <input type="checkbox"/> Yes <input type="checkbox"/> No Spring <input type="checkbox"/> Yes <input type="checkbox"/> No Guide <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaned <input type="checkbox"/> Yes <input type="checkbox"/> No Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No Rubber Kit Disc <input type="checkbox"/> Yes <input type="checkbox"/> No Spring <input type="checkbox"/> Yes <input type="checkbox"/> No Guide <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaned <input type="checkbox"/> Yes <input type="checkbox"/> No Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No Rubber Kit Disc <input type="checkbox"/> Yes <input type="checkbox"/> No Spring <input type="checkbox"/> Yes <input type="checkbox"/> No Guide <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaned <input type="checkbox"/> Yes <input type="checkbox"/> No Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No Rubber Kit Disc <input type="checkbox"/> Yes <input type="checkbox"/> No Spring <input type="checkbox"/> Yes <input type="checkbox"/> No Guide <input type="checkbox"/> Yes <input type="checkbox"/> No Other <input type="checkbox"/> Yes <input type="checkbox"/> No
Shut off Valve # _____ <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced <input type="checkbox"/> Both OK				
Final Test	1. Closed Tight? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID	1. Closed tight? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ PSID	Opened at _____ PSID Reduced Pressure	Air Inlet _____ PSID Check Valve _____ PSID
THIS REPORT IS CERTIFIED TO BE TRUE				
Test Company Name, Address, City, State & Zip:			Test Company Contact & Phone Number:	
16: Initial Test (If Failed) By:	Certified Tester Number:	Date Failed:	Test Kit Serial Number:	
Repaired (If Necessary) By:	Certification Number:		Repair Date:	
Final Test By:	Certified Tester Number:	Date Passed:	Test Kit Serial Number:	

Comments (For 13, 14 & 15, please see instructions) _____

