



Backflow Prevention Assembly Test Report

WATTS BAR UTILITY DISTRICT

Phone: (800) 882-5099

Customer Name				Account No	
Address				GPS ID	
Device Location				Assembly Info	
Hazard Type				Serial No <input type="checkbox"/>	
Latt	Enclosure	Locked?	Mfg <input type="checkbox"/>		
Long	Meter Size	Test Order	Type <input type="checkbox"/>		
Notes/Comments: _____ _____				Size <input type="checkbox"/>	
				Model <input type="checkbox"/>	
				TC Adapters	
				Last Test	

RP <input type="checkbox"/>	RPDA <input type="checkbox"/>	Backflow Assembly/Device	<input type="checkbox"/> Turned on #2 valve After Test
DC <input type="checkbox"/>	DCDA <input type="checkbox"/>		<input type="checkbox"/> Passed <input type="checkbox"/> Failed
			Line Pressure at time of test: _____

	Relief Valve Opening Point	Check Valve #2 Back Pressure	Check Valve #1	Shut Off Valves		Check Valve #2 In Direction of Flow	
Initial Test	<input type="checkbox"/> Opened at _____ PSID	Check for Leakage Against Back Pressure <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/>	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>	<input type="checkbox"/> Held at _____ PSID
	<input type="checkbox"/> Did Not Open		<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked				Leaked <input type="checkbox"/>
REPAIR	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED		<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED
	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> _____		<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Poppet <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring <input type="checkbox"/> Module <input type="checkbox"/> _____	REPAIRED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Poppet <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring <input type="checkbox"/> Module <input type="checkbox"/> _____
Other/Notes: _____ _____							

Final Test	<input type="checkbox"/> Opened at _____ PSID	Back Pressure <input type="checkbox"/> Closed Tight	_____ PSID	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	#1 <input type="checkbox"/>	#2 <input type="checkbox"/>	_____ PSID
	<input type="checkbox"/> _____ PSID		<input type="checkbox"/> Closed Tight					<input type="checkbox"/> Closed Tight

THE ABOVE REPORT IS CERTIFIED TO BE TRUE AT TIME OF INSPECTION:

Initial Test By	Certificate	Date	Gauge No	Time In	Time Out	Company	Phone
Final Test By			Gauge Mfg				
Repaired By			Gauge Model				