

CITY OF GOLDSBORO

Backflow Prevention Assembly Test Report

Goldsboro, NC 27530

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Mailing Address

Account #: BLANK
 Test Due:
 Last Test:
 Type:

Service Address

Address:
 Company:
 Hazard:
 Location:

Serial #:
 Manufacturer:
 Model:
 Type:
 Size:
 Hazard #: 1 of 1

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"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID
Repairs Details	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>
				Held at _____ PSID
				Cleaned <input type="checkbox"/>
				Replaced <input type="checkbox"/>
				AIR INLET
				Opened at _____ PSID
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	CHECK VALVE
	Held at _____ PSID	Held at _____ PSID		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"/>