

# Backflow Prevention Assembly Test Report

Service Address \_\_\_\_\_

Location \_\_\_\_\_

Check if Correct    Corrections

Serial #: \_\_\_\_\_  \_\_\_\_\_

Mailing Address \_\_\_\_\_

Mailing Phone \_\_\_\_\_

Manufacturer: \_\_\_\_\_  \_\_\_\_\_

Model: \_\_\_\_\_  \_\_\_\_\_

Type: \_\_\_\_\_  \_\_\_\_\_

Size: \_\_\_\_\_  \_\_\_\_\_

Orientation: \_\_\_\_\_  \_\_\_\_\_

Hazard: \_\_\_\_\_ Meter#: \_\_\_\_\_

Premise ID: \_\_\_\_\_ SPID: \_\_\_\_\_

Protection: \_\_\_\_\_  \_\_\_\_\_

Test Due No Later than:	Existing <input type="checkbox"/> New <input type="checkbox"/>	Removed <input type="checkbox"/> Replaced <input type="checkbox"/>	Commercial <input type="checkbox"/> Industrial <input type="checkbox"/>	Residential <input type="checkbox"/>	Construction <input type="checkbox"/>	Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Fire <input type="checkbox"/>
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	Reduced Pressure Principle Assembly Double Check Valve Assembly			Air Gap Required Separation Yes <input type="checkbox"/> No <input type="checkbox"/>	
				PVB/SVB	
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve
<b>Initial Test</b> Date _____ Time _____	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Did not open <input type="checkbox"/> Opened at _____ PSID	Leak <input type="checkbox"/> Held at _____ PSID
<b>Repairs</b> Date _____ Time _____	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stemguide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm(s) <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/>  Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
<b>Final Test</b> Date _____ Time _____	Closed Tight Held at _____ PSID	Closed Tight Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

**Notify us if failed assemblies cannot be repaired within three days.**

**Comments:**

\_\_\_\_\_

I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.

Tester \_\_\_\_\_

Certification # \_\_\_\_\_ Phone \_\_\_\_\_

Test Kit Serial # \_\_\_\_\_ Calibration Date \_\_\_\_\_

Signature \_\_\_\_\_

Proper Installation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RV Exercised	Yes <input type="checkbox"/>	No <input type="checkbox"/>
#2 Shutoff Closed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Service Restored	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Line Pressure \_\_\_\_\_

Meter Reading \_\_\_\_\_

Passed  Failed



Return completed  
Test Report to:

Kansas City Water Services  
2409 E. 18th St.  
Kansas City, MO 64127  
Phone: 816-513-4795 Fax: 816-513-4798  
Email: backflow@kcmo.org