Service Address			Backflow Preve	ntion Ass	sembly i	est Report
		Location:				
			Serial		Check if Correct	Corrections
			Manufacture	er:		
Mailing Address						
			Mode	el:	□_	
			Тур	e:		
			Siz	e:		
Hazard:			Orientatio	n:		
Premise ID:	Me	ter#:				
Mailing Phone:	SP	ID:	Protectio	n:		
Test Due No Later than		moved Commercial Industrial	Residential Co	enstruction	Domestic	Irrigation Fire
	Reduced Pressure Principle Assembly				Required Sep	aration Yes 🔟 🗌
	Double Check Valve Assembly			PVB/S\		<b>/</b> B
	Check Valve #1	Check Valve #2	Relief Valve	Ai	r Inlet	Check Valve
	Leaked Closed Tight	Leaked Closed Tight	Did not open	Did not ope	en 🔲	Leaked $\Box$
Date	Held at PSID	Held at PSID	Opened at PSID	Opened at	PSID	Held at PSID
Repairs	Cleaned	Cleaned	Cleaned	Cleaned Replaced		Cleaned
Date	Rubber Kit	Rubber Kit 🔲	Rubber Kit	-	Rubber Kit 🔲	Rubber Kit
Time	CV Assembly Disc	CV Assembly Disc	RV Assembly Disc		Disc 🔲	CV Assembly Disc
	O-rings	O-rings	Diaphram(s)		Spring	Spring
	Seat 🗖	Seat 📙	Seat 🗖		Retainer 📙	Retainer 🗖
	Spring Stemguide	Spring Stemguide	Spring Guide		Guide O-rings	Guide O-rings
	Retainer 🗌	Retainer	O-rings		g- 🔲	Other
	Lock Nuts	Lock Nuts				
Final Test  Date	Closed Tight L Held at PSID	Closed Tight L	Opened at PSID	Opened at	PSID	Held at PSID
Time						
Notify us if failed asser	nblies cannot be repaired	within 3 days	-	•		Yes No
Comments:					Proper Ins	
					#2 Shutoff	
I certify all information on this report is true and accurate, acknowledging that incomplete reports will not be accepted.					Service Re	estored $\square$
Tester				_	Line Pres	ssure
Certification # Phone						
Test Kit Serial # Calibration Date				_	Meter Re	eading



Test Report to:

Return completed Kansas City Water Dept: Backflow Dept 1720 Wabash Ave. Kansas City, MO 64127 backflow@kcmo.org