

BACKFLOW ASSEMBLY TEST FORM

Service # _____ Type of Assembly: RP DCV PVB SVB Other:

Location of Assembly: _____

Address of Assembly: _____

Owner of Assembly: _____

Mailing Address: _____

Make: _____ Model: _____ Size: _____ Serial Number: _____

Assembly connected to what equipment: _____

Assembly Status: Existing Replacement New

Type of Protection: Isolation Zone Containment Fire RP DCV PVB SVB PVB

INITIAL TEST	CHECK VALVE # 1		CHECK VALVE # 2		DP RELIEF VALVE		SVB & PVB AIR INLET	
	PSI Across _____		PSI Across _____		Opened @ _____ PSI		Opened @ _____ PSI	
Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Did not open <input type="checkbox"/>		Did not open <input type="checkbox"/>		
				Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		
REPAIRS	Parts - Cleaned	Installed	Parts - Cleaned	Installed	Parts - Cleaned	Installed	Parts - Cleaned	Installed
	Disk <input type="checkbox"/>	<input type="checkbox"/>	Disk <input type="checkbox"/>	<input type="checkbox"/>	Disc <input type="checkbox"/>	<input type="checkbox"/>	Air Inlet <input type="checkbox"/>	<input type="checkbox"/>
Spring <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	Diaphragm <input type="checkbox"/>	<input type="checkbox"/>	Disk <input type="checkbox"/>	<input type="checkbox"/>	
Guide <input type="checkbox"/>	<input type="checkbox"/>	Guide <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	Air Inlet <input type="checkbox"/>	<input type="checkbox"/>	
Seat <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	<input type="checkbox"/>	Guide <input type="checkbox"/>	<input type="checkbox"/>	Spring <input type="checkbox"/>	<input type="checkbox"/>	
O-Rings <input type="checkbox"/>	<input type="checkbox"/>	O-Rings <input type="checkbox"/>	<input type="checkbox"/>	Seat <input type="checkbox"/>	<input type="checkbox"/>	All Parts <input type="checkbox"/>	<input type="checkbox"/>	
All Parts <input type="checkbox"/>	<input type="checkbox"/>	All Parts <input type="checkbox"/>	<input type="checkbox"/>	O-Rings <input type="checkbox"/>	<input type="checkbox"/>			
				All Parts <input type="checkbox"/>	<input type="checkbox"/>			
Other: Describe: <input type="checkbox"/>	<input type="checkbox"/>	Other: Describe: <input type="checkbox"/>	<input type="checkbox"/>	Other: Describe: <input type="checkbox"/>	<input type="checkbox"/>	Other: Describe: <input type="checkbox"/>	<input type="checkbox"/>	
FINAL TEST	PSI Across _____		PSI Across _____		Opened @ _____ PSI		Opened @ _____ PSI	
	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>	
Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		Did not open <input type="checkbox"/>		

Assembly: Passed Date: _____ Failed Date: _____

Comments: _____

Initial Test By: _____ Final Test By: _____

Repaired By: _____ Date: _____

Test Kit Make: _____ Model #: _____ Serial #: _____ Calibration Date: _____

Tester Signature: _____ UT Tester #: _____ Tester Telephone #: _____

I certify the above test has been performed and I am aware of the final performance.

Device Owner Representative: _____ Date: _____

Mail Report to: Salt Lake City Public Utilities
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