

CITY OF EATON

Public Works



BACKFLOW PREVENTER TEST REPORT

CUSTOMER NAME: _____

ADDRESS OF DEVICE: _____

BACKFLOW PREVENTER INFORMATION

Size: _____ Make: _____

Model: _____ Serial Number: _____

Location of Device on Premises: _____

TEST INFORMATION

1. REDUCED PRESSURE BACKFLOW PREVENTER (ASSE 1013)

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve
Test Before Repair	Leaked: ☐ Closed Tight: ☐	Leaked: ☐ Closed Tight: ☐	Opened at _____ psi reduced pressure
Describe Repairs			
Materials Used			
Final Test	Closed Tight: ☐	Closed Tight: ☐	Opened at _____ psi reduced pressure

2. DOUBLE CHECK VALVE ASSEMBLY (ASSE 1015)

(Use check valve numbers 1 and 2 tests only)

3. PRESSURE TYPE VACUUM BREAKERS (ASSE 1020)

Air Inlet Opened at _____ psi.

REPAIRS COMPLETED: _____

REPAIRED BY: _____

DEVICE APPEARS FUNCTIONAL: TESTERS INITIALS: _____ DATE: _____

PLUMBING COMPANY: _____ TESTER CERTIFICATION NUMBER: _____

Return completed form to the following email address:

Email: cdenlinger@cityofeaton.org