



# City of Chandler Backflow Prevention Assembly Test Report

Water Quality Division • PO Box 4008, Mail Stop 803 • Chandler, AZ 85244-4008

Water Purveyor		Assembly Address			
Manufacturer		Size	Type	Model No.	Serial No.
Facility/Owner			Phone No.	Meter No.	
Address			City, State, Zip		
Contact				Phone No.	
On Site Location					
Is this a new installation? Permit # _____		Does this assembly replace another? If yes, old serial No. _____		Type of Protection:	
				Containment <input type="checkbox"/>	Service Type:
				Internal <input type="checkbox"/>	Domestic Irrigation <input type="checkbox"/>
					Fireline <input type="checkbox"/>
<b>Reduced Pressure Principle Assembly</b>				BACK PRESSURE	YES <input type="checkbox"/>
<b>Double Check Valve Assembly</b>					NO <input type="checkbox"/>
	<b>CHECK VALVE #1</b>	<b>CHECK VALVE #2</b>	<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>	<b>PRESSURE VACUUM BREAKER</b>	
INITIAL TEST	1. CLOSED TIGHT <input type="checkbox"/> RP/DC _____ PSID 2. LEAKED <input type="checkbox"/>	1. CLOSED TIGHT <input type="checkbox"/> DC _____ PSID 2. LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	
REPAIRS	CLEANED <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> CLEANED SENSING LINES <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER <input type="checkbox"/>	1. CHECK VALVE HELD AT _____ PSID 2. LEAKED <input type="checkbox"/> <hr/> CLEANED <input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> OTHER <input type="checkbox"/>	
Condition of Shut Off Valves:	#1 Valve Tight <input type="checkbox"/>	Leaks <input type="checkbox"/>	Not Used <input type="checkbox"/>		
Shut Off Valve #1	Repaired <input type="checkbox"/>	Replaced <input type="checkbox"/>	Shut Off Valve #2	Repaired <input type="checkbox"/>	Replaced <input type="checkbox"/>
FINAL TEST	RP/DC _____ PSID CLOSED TIGHT <input type="checkbox"/>	DC _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID REDUCED PRESSURE	AIR INLET _____ PSID CHECK VALVE _____ PSID	

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE**

Initial Test By: \_\_\_\_\_

Certified Tester No. \_\_\_\_\_ Date \_\_\_\_\_ Pass  Fail

Repaired By: \_\_\_\_\_

Date \_\_\_\_\_ Test Kit Serial No. \_\_\_\_\_

Final Test By: \_\_\_\_\_

Certified Tester No. \_\_\_\_\_ Date \_\_\_\_\_ Pass  Fail

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_