

CITY OF INDEPENDENCE WATER DEPARTMENT
17221 E. 23rd St. Independence, MO 64057
OFFICE: 816-325-7654 FAX: 816-325-7656
BACKFLOW PREVENTION ASSEMBLY
TEST DATA AND MAINTENANCE REPORT

CUSTOMER				TAG NUMBER	
SERVICE ADDRESS					
BACKFLOW DEVICE LOCATION				METER NUMBER	
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 X SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
TYPE OF ASSEMBLY	MANUFACTURE	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO			FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	
				NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
INITIAL TEST			FINAL TEST AFTER REPAIR		
REDUCED PRESSURE PRINCIPLE ASSEMBLY:			Passed	Failed	
RELIEF VALVE					
opened at _____ *PSID (2 PSID or more)			<input type="checkbox"/>	<input type="checkbox"/>	
2ND CHECK held backpressure			<input type="checkbox"/>	<input type="checkbox"/>	
NO. 2 SHUT OFF VALVE leak tight			<input type="checkbox"/>	<input type="checkbox"/>	
1ST CHECK held in					
direction of flow _____ *PSID (5 PSID or more)			<input type="checkbox"/>	<input type="checkbox"/>	
DIFFERENCE					
(1st check-relief) _____ *PSID (3 PSID or more)			<input type="checkbox"/>	<input type="checkbox"/>	
NOTE: FAILURE OF ANY OF THE ABOVE ITEMS, REQUIRE REPAIR.			* Pounds per Square Inch Differential		
INITIAL TEST			FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:			Passed	Failed	
1ST CHECK held in					
direction of flow _____ *PSID (1 PSID or more)			<input type="checkbox"/>	<input type="checkbox"/>	
2ND CHECK held backpressure			<input type="checkbox"/>	<input type="checkbox"/>	
NO. 2 SHUTOFF VALVE leak tight			<input type="checkbox"/>	<input type="checkbox"/>	
2ND CHECK held in					
direction of flow _____ *PSID (1 PSID or more)			<input type="checkbox"/>	<input type="checkbox"/>	
NOTE: FAILURE OF ANY OF THE ABOVE ITEMS, REQUIRE REPAIR.			* Pounds per Square Inch Differential		
APPLICATION	COMMENTS				
<input type="checkbox"/> DOMESTIC					
<input type="checkbox"/> FIRE LINE					
<input type="checkbox"/> IRRIGATION					
<input type="checkbox"/> OTHER (EXPLAIN)					
REPAIR HISTORY					
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE					
TESTED BY	(PRINT)	(SIGNATURE)	REPAIRED BY	(PRINT)	(SIGNATURE)
COMPANY			FINAL TEST BY	(PRINT)	(SIGNATURE)
CERTIFICATION NUMBER AND EXPIRATION DATE	CUSTOMER SIGNATURE			DATE	