



MISSOURI DEPARTMENT OF NATURAL RESOURCES
PUBLIC DRINKING WATER PROGRAM

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER	
MAILING ADDRESS					
SERVICE 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	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR _____ (IN./FT.)	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS: NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPAL ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>	REDUCED PRESSURE PRINCIPAL ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	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"/>	2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF 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"/>	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"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure or any of the above items, requires repair.			*Pounds per Square Inch Differential		

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<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 or any of the above items, requires repair.					

APPLICATION:	COMMENTS
<input type="checkbox"/> COMMERCIAL	_____
<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	OWNER OR OWNER'S REPRESENTATIVE		DATE		