ConwayCorp

Backflow Assembly Test Form

CUSTOMER NAME	ACCOUNT NUMBER	WATER METER NUMBER

SERVICE ADDRESS	CUSTOMER TELEPHONE	DATE OF TEST	TEST TIME

HEIGHT OF ASSEMBLY _____INCHES	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER

PROTECTION FROM FREEZING: ☐ YES ☐ NO **FLOODING:** ☐ YES ☐ NO

TYPE OF FREEZE PROTECTION: (check one)
INSIDE BLD ☐   HOT BOX ☐   HEAT TAPE ☐   NONE ☐   OTHER ☐

"Y" STRAINER ☐ YES ☐ NO

TYPE OF ASSEMBLY (check one)

RPZA ☐   DCVA ☐   DRPZA ☐   DDCVA ☐

(Test form required on both Detector Assemblies)

SUPPLY PRESSURE AT ASSEMBLY (TC1) _____PSI

DISCHARGE PRESSURE AT ASSEMBLY (TC4) _____PSI

MECHANICAL AIR GAP ☐ YES ☐ NO

REDUCED PRESSURE ZONE ASSEMBLY (RPZA)

	(REQUIRED PSI)	PASSED (X)
1st CHECK held in direction of flow	_____ psi (**5 or more**)	☐
RELIEF VALVE opened at	_____ psi (**2 or more**)	☐
DIFFERENCE (1st check relief)	_____ psi (**3 or more**)	☐
2nd CHECK held backpressure		☐
NO. 2 SHUTOFF VALVE leak tight		☐
2nd CHECK held in direction of flow	_____ psi (**1 or more**)	☐

NOTE:
Failure of any of the above items requires repair and retesting.

DOUBLE CHECK VALVE ASSEMBLY (DCZA)

	(REQUIRED PSI)	PASSED (X)
1st CHECK held in direction of flow	_____ psi (**1 or more**)	☐
2nd CHECK held backpressure		☐
NO. 2 SHUTOFF VALVE leak tight		☐
2nd CHECK held in direction of flow	_____ psi (**1 or more**)	☐

TYPE OF APPLICATION (check one)

Commercial	☐	Fire System	☐
Industrial	☐	Residential	☐
Lawn Irrigation	☐	Other_____	☐

NAME OF INSTALLATION COMPANY:	INSTALLER NAME:	NEW INSTALLATION: YES ☐ NO ☐	DATE INSTALLED:

REMARKS:	LOCATION OF ASSEMBLY ON PROPERTY:

I HEREBY CERTIFY THAT the above-described backflow prevention assembly was tested by me on this date using a fully functioning and calibrated test gauge. the information contained on this test report is true, accurate and complete:

ASSEMBLY TESTING TECH PRINTED	ASSEMBLY TESTING TECH SIGNATURE	TESTER TELEPHONE

ASSEMBLY TESTING TECH (ATT#)	CUSTOMER SIGNATURE	TEST GAUGE CALLIBRATION DATE

RETURN FORMS TO: Cross-Connection Control, 800 South Harkrider, Conway, AR 72032
crossconnect@conwaycorp.com

ILLEGIBLE, INCOMPLETE OR INCORRECT TEST FORMS WILL NOT BE ACCEPTED