



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)				DOUBLE CHECK VALVE ASSEMBLY (DCZA)																															
<table><tr><td>1st CHECK held in direction of flow</td><td>(REQUIRED PSI) _____ psi (5 or more)</td><td>PASSED (X) ☐</td></tr><tr><td>RELIEF VALVE opened at</td><td>_____ psi (2 or more)</td><td>☐</td></tr><tr><td>DIFFERENCE (1st check relief)</td><td>_____ psi (3 or more)</td><td>☐</td></tr><tr><td>2nd CHECK held backpressure</td><td></td><td>☐</td></tr><tr><td>NO. 2 SHUTOFF VALVE leak tight</td><td></td><td>☐</td></tr><tr><td>2nd CHECK held in direction of flow</td><td>_____ psi (1 or more)</td><td>☐</td></tr></table>				1st CHECK held in direction of flow	(REQUIRED PSI) _____ psi (5 or more)	PASSED (X) ☐	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)	☐	<table><tr><td>1st CHECK held in direction of flow</td><td>(REQUIRED PSI) _____ psi (1 or more)</td><td>PASSED (X) ☐</td></tr><tr><td>2nd CHECK held backpressure</td><td></td><td>☐</td></tr><tr><td>NO. 2 SHUTOFF VALVE leak tight</td><td></td><td>☐</td></tr><tr><td>2nd CHECK held in direction of flow</td><td>_____ psi (1 or more)</td><td>☐</td></tr></table>		1st CHECK held in direction of flow	(REQUIRED PSI) _____ psi (1 or more)	PASSED (X) ☐	2nd CHECK held backpressure		☐	NO. 2 SHUTOFF VALVE leak tight		☐	2nd CHECK held in direction of flow	_____ psi (1 or more)	☐
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NOTE: Failure of any of the above items requires repair and retesting.				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 in 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 CALIBRATION DATE

RETURN FORMS TO:

Cross-Connection Control, 1320 S German Ln, Conway, AR 72034
crossconnect@conwaycorp.com Water Help Line: 501-548-3011

ILLEGIBLE, INCOMPLETE OR INCORRECT TEST FORMS WILL NOT BE ACCEPTED