



**BACKFLOW-PREVENTION INSPECTION REPORT**

Name of Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Name of Premises: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Water Meter ID# \_\_\_\_\_  
 Location of Assembly: \_\_\_\_\_ Install Date: \_\_\_\_\_  
 Type of Assembly: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
 Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Tested by (Firm Name) \_\_\_\_\_ Licensed Tester's No.: \_\_\_\_\_  
 Business Address of Tester: \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_  
 Date of Test \_\_\_\_\_ Fault: \_\_\_\_\_  
 Reason for Failure (if apparent): \_\_\_\_\_  
 Maintenance: \_\_\_\_\_  
 Date of Retest: \_\_\_\_\_

I certify that I have tested the above assembly and it meets the performance requirements of the CWSA

(Signature of Licensed Tester) \_\_\_\_\_

	Line Pressure at Time of Test psi .	Drop Across Check Valve psi.	
	Check Valve 1	Check Valve 2	Differential Pressure Relief Valve
Initial Test	1. Leaked RP psid	1. Leaked	1. Opened at psid Reduced pressure
	2. Closed Tight	2. Closed Tight	2. Did not Open
R	Cleaned	Cleaned	Cleaned
	Replaced	Replaced	Replaced
E	Disc.	Disc.	Disc upper
	Spring	Spring	Disc Lower
P	Guide	Guide	Spring
	Pin Retainer	Pin Retainer	Diaphragm, Large
A	Hinge Pin	Hinge Pin	Upper
	Seat	Seat	Lower
I	Diaphragm	Diaphragm	Diaphragm, Small
	Other, Describe	Other, Describe	Upper
R			Lower
			Spacer, Lower
S			Other, Describe
Final Test	psid Closed Tight	Closed Tight	Opened at psid Reduced Pressure

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
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