



City of Papillion

Backflow Department

145 West 2nd Street • Papillion, NE 68046

(402) 597-2019 Fax: (402) 827-3280

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

OWNER/BUSINESS NAME:		PHONE NO.
CONTACT	ADDRESS	
ASSEMBLY LOCATION ADDRESS		CITY, STATE, ZIP
FIELD LOCATION		PROTECTION FOR (CIRCLE ONE) CO FL LS PU OT
CO=Containment FL=Fire line LS=Landscape PU=Point of Use OT=Other		
MANUFACTURER	SIZE	MODEL
SERIAL NO.:		

Reduced Pressure Principle Assembly

Double Check Valve Assembly

- | | | |
|-----------------------------------|------|--------------------------|
| <input type="checkbox"/> NEW | RP | <input type="checkbox"/> |
| | DC | <input type="checkbox"/> |
| <input type="checkbox"/> EXISTING | PVD | <input type="checkbox"/> |
| | SVB | <input type="checkbox"/> |
| | DCDA | <input type="checkbox"/> |
| | RPDA | <input type="checkbox"/> |

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Held at _____ PSD Leaked <input type="checkbox"/>	Held at _____ PSD Closed Tight Leaked <input type="checkbox"/>	Open at _____ PSD Did not open <input type="checkbox"/>	AIR INTAKE Open at _____ PSD Did not open <input type="checkbox"/>
REPAIRS: Give details of repairs made here.	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Check Valve Held at _____ PSD Did not open <input type="checkbox"/>
				<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
INITIAL TEST	Held at _____ PSD	Held at _____ PSD Closed Tight <input type="checkbox"/>	Open at _____ PSD	AIR INTAKE Opened at _____ PSD Check Valve Held at _____ PSD

Test Gauge Serial Number: _____ Last Calibration Date: _____

INITIAL TEST	Date:	Time:	Certified Tester No.:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Tested By (Signature)		Print Name:	
REPAIRS	Repairs made and repair parts used: _____			
FINAL TEST	Date:	Time:	Certified Tester No.:	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Tested By (Signature)		Print Name:	

Comments:

Owner Acknowledge: _____