BACKFLOW DEVICE TEST REPORT

ADDRESS AND PHONE NUMBER:

City of Boone
923 8th Street
PO Box 550
Boone, IA 50036

Attn: Building Department
Phone: (515) 433-0633

Email: kfrost@booneiowa.gov

Customer or Business Name	Contact Person	Phone Number

Mailing Address

Service Address			Isolation ❑ Containment ❑ Device Protects Backflow from:
Date of Test	Time ❑ A.M. ❑ P.M.	Supply Pressure _____ lbs	

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.

Height off Floor _____(in./Ft)	Protection From: Freezing ❑ Yes ❑ No	Flooding ❑ Yes ❑ No	New Installation ❑ Yes ❑ No
Is device installed according to plumbing code requirements? ❑ Yes ❑ No	Does branch piping exist prior to the meter or containment device? ❑ Yes ❑ No		Plumbing Permit No.

Below portion must be completed by tester

DEVICE LOCATION:

REDUCED PRESSURE PRINCIPAL ASSEMBLY **Initial Test**		Passed ❑	Failed ❑
1st Check held in direction of flow	_____ PSID	❑	❑
Relief Valve opened at	_____ PSID	❑	❑
Difference (1st check-relief)	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY **Final Test After Repair**		Passed ❑	Failed ❑
1st Check held in direction of flow	_____ PSID	❑	❑
Relief Valve opened at	_____ PSID	❑	❑
Difference (1st check-relief)	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

DOUBLE CHECK VALVE ASSEMBLY **Initial Test**		Passed ❑	Failed ❑
1st Check held in direction of flow	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY **Final Test After Repair**		Passed ❑	Failed ❑
1st Check held in direction of flow	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

PRESSURE VACUUM BREAKER				
	Initial Test	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	Passed ❑ Failed ❑
	After Repair	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	Passed ❑ Failed ❑

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By:	Repaired By:
Print Name Signature	Final Test By:
Company Ph. #	
Registration No Registration Expiration Date:	Date: