



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
**BACKFLOW PREVENTION ASSEMBLY TEST DATA AND
 MAINTENANCE REPORT**

FOR OFFICE USE ONLY
PROJECT ID NUMBER
DATE RECEIVED

CUSTOMER INFORMATION

CUSTOMER		CUSTOMER NUMBER			FILE NUMBER
MAILING ADDRESS					
SERVICE LOCATION					METER NUMBER
DATE OF TEST	TIME: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN	GAP _____ IN	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING COMMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO			FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	
					NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F	REDUCED PRESSURE PRINCIPLE ASSEMBLY	<input type="checkbox"/> P	<input type="checkbox"/> F
RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	RELIEF VALVE OPENED AT _____*PSID (2 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held backpressure	<input type="checkbox"/> P	<input type="checkbox"/> F
NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F	NO. 2 SHUTOFF VALVE leak tight 1 st	<input type="checkbox"/> P	<input type="checkbox"/> F
CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	DIFFERENCE 1 st check – relief _____ *PSID (3 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair *Pounds per Square inch Differential

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/> P	<input type="checkbox"/> F
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/> P	<input type="checkbox"/> F

NOTE: Failure of any of the above items requires repair

APPLICATION: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS:
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Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.

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

TESTED BY (PRINT)	(SIGNATURE)
PREPARED BY (PRINT)	(SIGNATURE)
FINAL TEST BY (PRINT)	(SIGNATURE)
COMPANY	
CERTIFICATION NUMBER AND EXPIRATION DATE	OWNER OR OWNER'S REPRESENTATIVE
	DATE