

City Of Casper

200 N David
Casper, WY 82601
Phone: 235-8 360

Backflow Prevention Assembly Test Report

BUSINESS NAME: _____

ADDRESS: _____

CONTACT: _____ PHONE# _____

TYPE OF DEVICE: RP DC PVB SVB AVB DCF

USE: CONTAINMENT IRRIGATION FIRELINE FIRE BYPASS ISOLATION

LOCATION OF DEVICE: _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ SERIAL: _____

	Reduced Pressure Type		Double Check Type		Pressure Vacuum Breaker		Re-test	
	Leak Tight	Spring Tension	Leak Tight	Spring Tension	Leak Tight	Spring Tension	Leak Tight	Spring Tension
Air Inlet						PSI		PSI
Check #1		PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	PSI
Check #2	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	PSI			<input type="checkbox"/> Leaked <input type="checkbox"/> Tight	PSI
Relief Valve		PSI						PSI
Buffer Zone		PSI						PSI

Comments—Repairs _____

 Line press: _____
 #2 Shut Off: Tight _____ Leaked _____

Date of Test: _____ Time: _____ Alarm Company/Fire Dept. Notified: _____

Print Name: _____

Technician Signature: _____ Company: _____

Certification #: _____ Expires: _____

Test Equipment: _____ Last Calibration Date: _____

Owner/Agent Signature: _____