



CITY OF BLUE SPRINGS
PUBLIC WORKS DEPARTMENT – UTILITY DIVISION
903 MAIN STREET, BLUE SPRINGS, MO 64015-3799
(816) 228-0195 FAX (816) 228-0296

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

Customer:							
Service Address:							
Location of Device:							
Date of Test	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Supply Pressure _____ lbs.	Air Gap (2 x Supply Diameter) <input type="checkbox"/> pass <input type="checkbox"/> fail		Supply _____ in. Gap _____ in.		
Type of Assembly:	Manufacturer:	Model:	Size:	Serial Number:			
Height Off Floor: _____ (In./Ft.)	Protected From: Freezing <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: 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"/>	<input type="checkbox"/>	Reduced Pressure Principle Assembly:		<input type="checkbox"/>	<input type="checkbox"/>
1 st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	1 st CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE opened at _____ PSID (2 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1 st Check - Relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1 st Check - Relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>	2 nd CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE exercised to full open position		<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE exercised to full open position		<input type="checkbox"/>	<input type="checkbox"/>
Initial Test		Passed	Failed	Final Test After Repair		Passed	Failed
Double Check Valve Assembly:		<input type="checkbox"/>	<input type="checkbox"/>	Double Check Valve Assembly:		<input type="checkbox"/>	<input type="checkbox"/>
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>	2 nd CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.							
COMMENTS							
REPAIR HISTORY							
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE							
Tested By: (Print) _____		(Signature) _____		Repaired By: (Print) _____		(Signature) _____	
Company: _____				Final Test By: (Print) _____		(Signature) _____	
Certification Number _____				Owner or Owner's Representative _____		Date _____	

Distribution: White – Water Supplier; Yellow – Owner; Pink – Tester