



**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) _____ in. _____ in.		<input type="checkbox"/> pass <input type="checkbox"/> fail		
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		
<b>Initial Test</b>		<b>Passed</b>	<b>Failed</b>	<b>Final Test After Repair</b>		<b>Passed</b>	<b>Failed</b>
<b>Reduced Pressure Principle Assembly:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<b>Reduced Pressure Principle Assembly:</b>		<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> CHECK held in direction of flow _____ PSID (5 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> 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 <sup>st</sup> Check - Relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1 <sup>st</sup> Check - Relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> 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"/>
<b>Initial Test</b>		<b>Passed</b>	<b>Failed</b>	<b>Final Test After Repair</b>		<b>Passed</b>	<b>Failed</b>
<b>Double Check Valve Assembly:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<b>Double Check Valve Assembly:</b>		<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	1 <sup>st</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	2 <sup>nd</sup> 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"/>
<b>NOTE: Failure of any of the above items, requires repair.</b>							
COMMENTS							
REPAIR HISTORY							
<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE</b>							
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