

# DEL-CO WATER COMPANY, INC.

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Facility Name		Test Report Due Date:					
Contact Name		Assembly Info (Replacement/Correction)					
Service Address		SN	<input type="checkbox"/>				
Customer Phone		Mfr	<input type="checkbox"/>				
Customer Email		Type	<input type="checkbox"/>				
Device Location		Size	<input type="checkbox"/>				
		Model	<input type="checkbox"/>				
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	Hazard Type			Haz. Level		
Line Pressure at time of test: _____							
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID	Closed Tight Leaked	#1	#2
	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked			
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED	CLEANED REPLACED REPAIR	#1	#2
	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Diaphragm <input type="checkbox"/> Module	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Module	<input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm			
Other/Notes: _____							
<b>Final Test</b>	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	#1	#2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID			

**PASS/FAIL** \_\_\_\_\_ (This line must be filled in or test will be rejected)

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							

Printed Name & Signature of Certified Tester: \_\_\_\_\_

\*New Device test forms should be emailed to [backflow@delcowater.com](mailto:backflow@delcowater.com) prior to submission of test results through the on-line submission portal.