

**City Of Sterling Heights**

7200 18 Mile Road  
 Sterling Heights MI 48314  
 Phone: 586/446-2462  
 Fax: 586/268-7516

Email: BACKFLOW@STERLING-HEIGHTS.NET

Address: \_\_\_\_\_  
 \_\_\_\_\_

**Backflow Prevention Assembly  
 Test Report**

Account #: \_\_\_\_\_  
 Date Tested \_\_\_\_\_  
 Serial #: \_\_\_\_\_  
 Manufacturer \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Type: \_\_\_\_\_  
 Size: \_\_\_\_\_

<b>Reduced Pressure Principle Assembly</b>				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>		
<b>Double Check Valve Assembly</b>				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>		
				PVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>		
				SVB <input type="checkbox"/>	AVB <input type="checkbox"/>		
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>			
<b>Initial Test</b>	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Held at _____ PSID	Did not Open <input type="checkbox"/> Opened at _____ PSID	<b>AIR INLET</b> Did not Open <input type="checkbox"/> Opened at _____ PSID			
<b>Repairs</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>	<b>CHECK VALVE</b> Leaked <input type="checkbox"/> Held at _____ PSID Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/>			
<b>Details</b>				<b>AIR INLET</b> Opened at _____ PSID			
<b>Final Test</b>	Closed Tight <input type="checkbox"/> Held at _____ PSID	Closed Tight <input type="checkbox"/> Held at _____ PSID	Opened at _____ PSID	<b>CHECK VALVE</b> Held at _____ PSID			
<b>Comments</b>				Line Pressure _____			
				Meter Reading _____			
				Held Backpressure _____			
				#2 Shutoff _____			
The above report is certified to be true.				Relief Valve Exercised _____			
	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Repairs</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>