

BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

Customer:				
Mailing Address:		City and State:		Zip Code
Address of Location of Back-Flow Device:				
Describe physical location of Back-Flow Device:				
Manufacturer:	Model:	Size:	Serial Number:	Type Of Device: _____ Air Gap _____ DC _____ RP _____ PVB
Application : _____ Containment _____ Isolation	(from MO part 10.CSR 11.010): Hazard Class _____ Hazard Item _____	Device protected from: _____ Freezing _____ Flooding	Air Gap (2 x Supply Diameter) Supply _____ in _____ Pass Gap _____ in _____ Fail	
Date Of Test	Describe the Equipment that the Back-Flow Device Services			Height Off Floor _____(FT/IN)
Permit Information		Installation Status		Type Of System
Number _____		New _____ Existing _____		Fire Suppression _____ Process Piping _____
Contractor _____		Is the assembly properly tagged?		Lawn Irrigation _____ Plumbing _____
Permit Date _____		Yes _____ No _____		Other _____
INITIAL TEST _____ FINAL TEST _____ PASSED _____ FAILED _____		INITIAL TEST _____ FINAL TEST _____ PASSED _____ FAILED _____		
Reduced Pressure Assembly:		Double Check Valve Assembly:		
1 st CHECK held in direction of flow _____ PSID (5 PSID or more) _____		1 st CHECK held in direction of flow _____ PSID (1 PSID or more) _____		
RELIEF VALVE opened at _____ PSID (2 PSID or more) _____		2 nd CHECK held backpressure _____		
DIFFERENCE (1 st check-relief) _____ PSID (3 PSID or more) _____		No. 2 Shut-off Valve leak tight _____		
2 nd CHECK held backpressure _____		2 nd CHECK held in direction of flow _____ PSID (1 PSID or more) _____		
No. 2 Shut-off Valve leak tight _____		FINAL TEST _____ PASSED _____ FAILED _____		
<u>OPTIONAL TEST</u>		Pressure Vacuum Breaker Assembly:		
Relief Valve (exercised to open Position) _____		Test #1 Shutoff Valve - held pressure tight. _____		
Comments:		Test CHECK VALVE held in direction of flow _____ PSID (1 PSID or more) _____		
_____		Test AIR INLET VALVE to open _____ PSID (1 PSID or more) _____		
_____		PVB may not be repaired, must be replaced		

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
Tested By: (Print name and provide Signature)		Repaired By: (Print name and provide Signature)		
Company		Final Test By: (Print name and provide Signature)		
Certification Number And Expiration Date		Owner Or Owner's Representative		Date

1. **This form is to be used and sent to St. Louis County for a failed test as well as a passed test. Do not use one form for both the failed and passed test. Use a separate form for each.**
2. **This form must be filed within 30 days of test per state regulations and St. Louis County Ordinance.**
3. **Tester must sign this form.**