

## **Instruction sheet for the *Backflow Prevention Assembly Test Report Form***

Please fill in the form completely, truthfully, and to the best of your knowledge and ability.

Once accepted by the department, these forms become an official record and are maintained as part of the history of the particular backflow prevention assembly.

### **Section 1: Address and Customer Information**

1. Address of Device:
  - a. Fill in the COMPLETE street address where the backflow assembly is installed
2. Owner of Device:
  - a. Fill in the name of the owner of the device
3. Owner Contact:
  - a. Fill in the name a contact person, if available or applicable
4. Phone & Fax:
  - a. Fill in the phone number & fax number where the owner of the assembly may be reached
5. Address & Zip Code of Owner:
  - a. Fill in the mailing address of the owner of the assembly

### **Section 2: Tester Information:**

1. Name of Tester:
  - a. Fill in the name of the Certified Tester performing the test
2. Certification #:
  - a. Fill in the current certification number of the tester
3. Expiration Date:
  - a. Fill in the expiration date of the current certification
4. Phone:
  - a. Fill in the phone number where the tester may be reached
5. Business Name:
  - a. Fill in the name of the company the tester is employed by
6. Business Address:
  - a. Fill in the address of the company the tester is employed by

### **Section 3: Test Kit Information:**

1. Test Kit Make:
  - a. Fill in the name of the manufacturer of the test kit
2. Model #:
  - a. Fill in the model number of the test kit
3. Serial #:
  - a. Fill in the serial number of the test kit
4. Date Last Cal.:
  - a. Fill in the date which the test kit was last calibrated
5. Site Tube:
  - a. Mark Yes or No, to indicate if a Site Tube was used.

### **Section 4: Test Information:**

Mark what type of assembly is being tested (RP, DC, or PVB)

The Test section is separated for the three sections for each type of assembly

DCVA: Check Valve No. 1 & Check Valve No. 2

RPZA: Check Valve No. 1, Check Valve No. 2 & Differential Relief Valve

PVB: Air Inlet & Check Valve

1. Make of Assembly:
  - a. Fill in the Name of the Manufacturer
2. Model No.:
  - a. Fill in the Model Number of the assembly

3. Serial #:
  - a. Fill in the Serial Number of the assembly
4. Size:
  - a. Fill in the Size of the Assembly
5. Location of Assembly:
  - a. Fill in the location of the assembly, be specific
6. Hazard/Service:
  - a. Type of service or hazard that the assembly is serving
7. Meter No. & Meter Reading:
  - a. Fill in the meter number and the current reading of the meter the that serves the assembly being tested.
8. Initial Test or Annual Test
  - a. Note if the test is for an initial installation or an annual test.
9. Shut Off Valve #1 & Shut Off Valve #2:
  - a. Note if the Shut Off Valves either Closed Tight or Leaked.
10. Pressure:
  - a. Fill in the line pressure at the time of the test, and note if the pressure was stable or not.

**Test:**

1. Check Valve No. 1 & Check Valve No. 2 (DCVA & RPZA)
  - a. Note whether the Check Valve either Closed Tight or Leaked
  - b. Fill in the Value for the Pressure Differential Across the check valve
2. Differential Relief Valve (RPZA)
  - a. Note if the Relief Valve Failed to Open - OR -
  - b. Fill in the Value at where the Relief Valve opened at
3. Air Inlet (PVB)
  - a. Note if the Air Inlet Failed to Open - OR -
  - b. Fill in the Value at where the Air Inlet Valve opened at
4. Check Valve (PVB)
  - a. Note if the Check Valve Leaked - OR -
  - b. Fill in the Value at where the Check Valve held pressure

**Remarks:** Fill in any comments regarding the assembly or the test. If the test fails, the reason must be given.

**Repairs:** Note any repairs that were accomplished.

**Retest:** Fill in information, in the same way as the initial test.

**Signature of Certified Tester:** Form shall be signed by the person completing the test.

**Notes:**

1. All persons completing a *Backflow Prevention Test Report Form* must be a Certified Backflow Preventer Tester, as defined in Chapter 32, Article VIII of the Miami-Dade County Code.
2. All test forms must be completed by the person performing the test.
3. All information must be complete and accurate.
4. Incomplete test forms will be returned.
5. False / fraudulent test reports are subject to a \$1,000 fine.