



BENTON UTILITIES - WATER DEPT.  
1314 VENTURI DRIVE  
BENTON, AR 72019

Phone: 501-776-5942 Fax: 501-776-5924

**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

Customer/Business Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Service Address: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Cross Connection Controlled: \_\_\_\_\_

Assembly Size (inches): \_\_\_\_\_ Type: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_ Line Pressure (psi): \_\_\_\_\_

RPBA/RPDA/DCVA/DCDA Horizontal? Yes  No

New Installation? Yes  No  Old Serial Number- \_\_\_\_\_

	Check Valve #1	Check Valve #2	Relief Valve	PVB	Shut Off Valves	
	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened At _____ PSID <input type="checkbox"/> Did Not Open <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	#1	#2
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/>
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	REPLACED	<input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
	<input type="checkbox"/> Module				Other	<input type="checkbox"/>
		Other/Notes: _____				
<b>Final Test</b>	<input type="checkbox"/> _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID OK Valve _____ PSID	Closed Tight <input type="checkbox"/>	

Tester's Name: (please print) \_\_\_\_\_

Certification Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Test Equipment Make & Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Calibration Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Signature below certifies that the above test results accurately reflect the performance of the assembly and verifies that the shut off valves have returned to pretest position.

TEST RESULTS: PASSED: \_\_\_\_\_ FAILED: \_\_\_\_\_

Signature of Tester \_\_\_\_\_ Date \_\_\_\_\_