



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER
MAILING ADDRESS				
SERVICE LOCATION				METER NUMBER
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER
HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO		COMMENTS:	NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
INITIAL TEST REDUCED PRESSURE PRINCIPLE ASSEMBLY		Passed Failed <input type="checkbox"/> <input type="checkbox"/>	FINAL TEST AFTER REPAIR REDUCED PRESSURE PRINCIPLE ASSEMBLY:	
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	
2 nd CHECK held backpressure		<input type="checkbox"/> <input type="checkbox"/>	2 nd CHECK held backpressure	
NO. 2 SHUTOFF VALVE leak tight		<input type="checkbox"/> <input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)	
DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)	
NOTE: Failure of any of the above items, requires repair.			*Pounds per Square Inch Differential	
INITIAL TEST DOUBLE CHECK VALVE ASSEMBLY:		Passed Failed <input type="checkbox"/> <input type="checkbox"/>	FINAL TEST AFTER REPAIR DOUBLE CHECK VALVE ASSEMBLY:	
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	1 st CHECK held in direction of flow _____ PSID (1 PSID or more)	
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/> <input type="checkbox"/>	2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)	
NOTE: Failure of any of the above items, requires repair.				
APPLICATION: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	COMMENTS			
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE				
TESTED BY (PRINT) _____ (SIGNATURE) _____		PREPARED BY (PRINT) _____ (SIGNATURE) _____		
COMPANY _____		FINAL TEST BY (PRINT) _____ (SIGNATURE) _____		
CERTIFICATION NUMBER AND EXPIRATION DATE _____		OWNER OR OWNER'S REPRESENTATIVE _____		DATE _____
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.				