

Backflow Prevention Assembly Test Data and Maintenance Report

StLCO Form: Test Rpt 0305b

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.**