



VILLAGE OF ROMEO

121 W. St. Clair, Romeo, MI 48065

Phone: 586-752-2684, dpw@villageofromeo.org

BACKFLOW ASSEMBLY TEST REPORT

Date Due _____

Facility		Assembly Information				
Service Address		Type of Assembly				
Contact		Manufacturer				
Phone		Serial #				
Fax		Model #				
email		Size				
Location of Assembly:						
Line Pressure @ Time of Test _____ PSI			ASSE Approved Device YES <input type="radio"/> NO <input type="radio"/>			
Initial Test	Check Valve #1 <input type="checkbox"/> Held At _____ PSID	Check Valve #2 <input type="checkbox"/> Held At _____ PSID	Relief Valve <input type="checkbox"/> Opened At _____ PSID	PVN / SVB <input type="checkbox"/> Air Inlet Opened at _____ PSID	Shut Off Valves #1 #2	
	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Check Held At _____ PSID <input type="checkbox"/> Leaked	Closed	<input type="checkbox"/> <input type="checkbox"/>
Pass <input type="checkbox"/> Fail <input type="checkbox"/>					Leaked	<input type="checkbox"/> <input type="checkbox"/>
R E P A I R S	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	Cleaned <input type="checkbox"/> <input type="checkbox"/> Repaired <input type="checkbox"/> <input type="checkbox"/> Replaced <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED		
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc		
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring		
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat		
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin		
	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module		
	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Rubber Kit		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		
Other Notes:						
Final Test	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened At _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/> PASS <input type="checkbox"/>	

On this Date _____ the above device was tested per applicable Codes and the required performance Standards.

Testers Information

Testers Name _____ Tester Certification # _____

Testing Firm _____ Testing Firm Phone # _____

Testing Firm Address _____

Gauge Information

Make _____ Model _____

Serial # _____ Date of Last Calibration _____

Testers Signature _____ Date _____