



EMERALD COAST UTILITIES AUTHORITY

P.O. Box 15311
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Pensacola, Florida

Phone: 850 476-5110
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**Backflow Prevention
Assembly Test Report**

Service Address

Mailing Address

Serial #: _____

Manufacturer: _____

Model: _____

Type: _____

Size: _____

Meter #: _____

Location: _____

New Installation:

Replacement:

Meter Size: _____

Reduced Pressure Principle Assembly				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>
				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>
				PVB <input type="checkbox"/>	Air Gap <input type="checkbox"/>
				SVB <input type="checkbox"/>	AVB <input type="checkbox"/>
Initial Test	Check Valve #1	Relief Valve	Check Valve #2	PVB/SVB	
	Leaked <input type="checkbox"/>	Opened at _____ PSID	Leaked <input type="checkbox"/>	AIR INLET	
	Closed Tight <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not Open <input type="checkbox"/>	
	gauge pressure across	Outlet shut-off valve:	gauge pressure across	Opened at _____ PSID	
Held at _____ PSID	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Check Valve _____ PSID	CHECK VALVE		
Double Check Valve Assembly			Leaked <input type="checkbox"/>		
			Held at _____ PSID		
Initial Test	Check Valve #1	Check Valve #2	Cleaned <input type="checkbox"/>		
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Replaced <input type="checkbox"/>		
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	AIR INLET		
Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID			
Repairs Details	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE		
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Held at _____ PSID		
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Line Pressure _____		
	Held at _____ PSID	Held at _____ PSID	Meter Reading _____		

Comments

The above report is certified to be true.

Held Backpressure _____
#2 Shutoff _____
Relief Valve Exercised _____

	Date/Time	Tester	Signature	Tester #	Test Kit	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>