



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 _____ (IN./FT.)	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	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
REDUCED PRESSURE PRINCIPLE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow _____ *PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.			*Pounds per Square Inch Differential		

INITIAL TEST	Passed	Failed	FINAL TEST AFTER REPAIR	Passed	Failed
DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>	DOUBLE CHECK VALVE ASSEMBLY:	<input type="checkbox"/>	<input type="checkbox"/>
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: Failure of any of the above items, requires repair.					

APPLICATION:	COMMENTS
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)	<hr/> <hr/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

TESTED BY (PRINT) _____ (SIGNATURE) _____	REPAIRED 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.