

**BLOOMINGTON TOWNSHIP PWD**  
**1717 RT DUNN DRIVE, SUITE C**  
**BLOOMINGTON, IL 61701**  
**PHONE: 309-827-2893**

**Backflow Prevention Assembly**  
**Test Report**

**Mailing Address**

Account #: #  
 Meter #:  
 Last Test:  
 Survey Due:  
 Test Due:

**Service Address**

Address:  
 Company:  
 City: BLOOMINGTON, IL 61705  
 Location:

Serial #:  
 Manufacturer:  
 Model:  
 Type: RPZ  
 Size:  
 Hazard #: 1 of 2

<b>Reduced Pressure Principle Assembly</b>				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"/>
<b>Double Check Valve Assembly</b>				
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	<b>AIR INLET</b>
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID
<b>Repairs Details</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<b>CHECK VALVE</b>
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>
				Held at _____ PSID
				Cleaned <input type="checkbox"/>
				Replaced <input type="checkbox"/>
				<b>AIR INLET</b>
				Opened at _____ PSID
				<b>CHECK VALVE</b>
				Held at _____ PSID

**Comments**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Line Pressure \_\_\_\_\_  
 Meter Reading \_\_\_\_\_  
 Held Backpressure \_\_\_\_\_  
 #2 Shutoff \_\_\_\_\_  
 Relief Valve Exercised \_\_\_\_\_

The above report is certified to be true.

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