



**City of Papillion**  
**Backflow Department**  
 15406 South 87<sup>th</sup> Street, Papillion, NE 68046  
 (402) 597-2018 FAX (402) 331-3725

**BACKFLOW PREVENTION  
 ASSEMBLY TEST REPORT**

OWNER/BUSINESS NAME		PHONE NO.
CONTACT	ADDRESS	
ASSEMBLY LOCATION ADDRESS		CITY, STATE, ZIP
FIELD LOCATION		PROTECTION FOR (CIRCLE ONE)
		<b>CO FL LS PU OT</b>
CO=Containment    FL=Fire Line    LS=Landscape    PU=Point of Use    OT=Other:		
MANUFACTURER:	SIZE:	SERIAL NO:

<b>Reduced Pressure Principle Assembly</b>	<input type="checkbox"/> NEW    RP <input type="checkbox"/> DC <input type="checkbox"/> <input type="checkbox"/> EXISTING    PVB <input type="checkbox"/> SRVB <input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/>
<b>Double Check Valve Assembly</b>	

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
<b>INITIAL TEST</b>	Held at _____ PSD Leaked <input type="checkbox"/>	Held at _____ PSD Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____ PSD Did not open <input type="checkbox"/>	<b>AIR INLET</b> Opened at _____ PSD Did not open <input type="checkbox"/>
<b>REPAIRS:</b> Give details of repairs made here.	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<b>Check Valve</b> Held at _____ PSD Did not open <input type="checkbox"/> <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
<b>FINAL TEST</b> After repairs	Held at _____ PSD Leaked <input type="checkbox"/>	Held at _____ PSD Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____ PSD Did not open <input type="checkbox"/>	<b>AIR INLET</b> Opened at _____ PSD Did not open <input type="checkbox"/> <b>Check Valve</b> Held at _____ PSD Did not open <input type="checkbox"/>

<b>TESTER INFORMATION</b>	Date:	Time:	Tester Certification Number:
	Tested By: (signature)		Print Name:
	Company Name:		Phone Number:
<b>TEST GUAGE</b>	Test Gauge Serial #:		Calibration Date:
	Make/Model:		Calibrated By:

Comments