MUST BE COMPLETED BY THE TESTER IN INK

Des Moines Water Works ATTN: Backflow
2201 George Flagg Pkwy
Des Moines, IA 50321
Phone 283-8775 Fax 283-8723
Send to: backflow@dmww.com

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number

Mailing Address

Service Address

Isolation ❑ Containment ❑
Device Protects Backflow from:

Date of Test	Time	Supply Pressure
	❑ A.M. ❑ P.M.	_____ lbs

Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.

Height off Floor _____(in./Ft)

Protection From: Freezing ❑ Yes ❑ No Flooding ❑ Yes ❑ No

New Installation ❑ Yes ❑ No

Is device installed according to plumbing code requirements? ❑ Yes ❑ No

Does branch piping exist prior to the meter or containment device? ❑ Yes ❑ No

Plumbing Permit No.

Below portion must be completed by tester

DEVICE LOCATION:

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	_____ PSID	❑	❑
Relief Valve opened at	_____ PSID	❑	❑
Difference (1st check-relief)	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

*Failure of any of above items requires repair

REDUCED PRESSURE PRINCIPAL ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	_____ PSID	❑	❑
Relief Valve opened at	_____ PSID	❑	❑
Difference (1st check-relief)	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

DOUBLE CHECK VALVE ASSEMBLY — Initial Test

		Passed	Failed
1st Check held in direction of flow	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

*Failure of any of above items requires repair

DOUBLE CHECK VALVE ASSEMBLY — Final Test After Repair

		Passed	Failed
1st Check held in direction of flow	_____ PSID	❑	❑
2nd Check held backpressure		❑	❑
2nd Check held in direction of flow	_____ PSID	❑	❑

PVB/ SVB

			Passed	Failed
Initial Test	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	❑	❑
After Repair	**Air Inlet** opened at _____ PSID	**Check Valve** held in direction of flow _____ PSID	❑	❑

Repair Comments:

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

Tested By:	Repaired By:
Print Name Signature	Final Test By:
Company Tester Ph. #	
Registration No Registration Expiration Date:	Date:

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