

MUST BE COMPLETED BY THE TESTER IN INK

Des Moines Water Works attn. John Lins
 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
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Mailing Address

Service Address	Isolation <input type="checkbox"/> Containment <input type="checkbox"/>
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Date of Test	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Supply Pressure _____ lbs
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Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
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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	New Installation <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is device installed according to plumbing code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does branch piping exist prior to the meter or containment device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Permit No.
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Below portion must be completed by tester

DEVICE LOCATION:

REDUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed	REDUCED PRESSURE PRINCIPAL ASSEMBLY	Passed	Failed
Initial Test	<input type="checkbox"/>	<input type="checkbox"/>	Final Test After Repair	<input type="checkbox"/>	<input type="checkbox"/>
1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
Relief Valve opened at _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	Relief Valve opened at _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
Difference (1st check-relief) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	Difference (1st check-relief) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held backpressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	2nd Check held backpressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
*Failure of any of above items requires repair					

DOUBLE CHECK VALVE ASSEMBLY	Passed	Failed	DOUBLE CHECK VALVE ASSEMBLY	Passed	Failed
Initial Test	<input type="checkbox"/>	<input type="checkbox"/>	Final Test After Repair	<input type="checkbox"/>	<input type="checkbox"/>
1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held backpressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	2nd Check held backpressure _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
*Failure of any of above items requires repair					

PVB/ SVB	Initial Test	Air Inlet opened _____ PSID	Check Valve held in direction of flow _____ PSID	Passed	Failed
		at _____ PSID	_____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
	After Repair	Air Inlet opened _____ PSID	Check Valve held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
		at _____ PSID	_____ PSID	<input type="checkbox"/>	<input type="checkbox"/>

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. # _____	Date:
Registration No _____ Registration Expiration Date: _____	