

BACKFLOW PREVENTION DEVICE ASSEMBLY TEST REPORT

Charter Township of Clinton Water & Sewer Department

40700 Romeo Plank ♦Clinton Township, Mi 48038 ♦Phone : (586) 286-9300♦Fax : (586) 263-8022

Incorrect or missing information may result in refusal of this report
Please check the provided information for accuracy prior to filing

Business Name (if applicable): _____

Address: _____ Phone No: _____

↓Device Information↓

Make:	Model:	Size:	Serial No:	Type:
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Show all test results to the nearest 1/10 PSID

	↓Reduced Pressure Principal Assembly↓			↓Pressure Vacuum Breaker↓	
	↓Double Check Valve Assembly↓		Relief Valve	Air Inlet Valve	Check Valve
	Check Valve #1	Check Valve #2			
Initial Test	closed <input type="checkbox"/> leaked <input type="checkbox"/>	closed <input type="checkbox"/> leaked <input type="checkbox"/>	did not open <input type="checkbox"/>	did not open <input type="checkbox"/>	closed <input type="checkbox"/> leaked <input type="checkbox"/>
	Closed at: _____ PSID	Closed at: _____ PSID	Opened at: _____ PSID	Opened at: _____ PSID	Closed at: _____ PSID
→ Repairs and/or Maintenance →					
Final Test	Closed at: _____ PSID	Closed at: _____ PSID	Opened at: _____ PSID	Opened at: _____ PSID	Closed at: _____ PSID
Shut-Off Valves→		#1 Shut-Off: Closed <input type="checkbox"/> Leaked <input type="checkbox"/>		#2 Shut-Off: Closed <input type="checkbox"/> Leaked <input type="checkbox"/>	
By signing below, the tester confirms that they understand all requirements regarding backflow prevention device testing and that any and all information they have provided within this form is accurate.					
Device test	Tester Name (Please Print): _____			Certified Tester Number: _____	
	Tester Signature: _____			↓Test gage make & serial number↓	
Pass <input type="checkbox"/>	Tester Phone Number: _____				
Fail <input type="checkbox"/>	Time and Date of Device Testing: _____			Last test gage calibration date: _____	

Tested device is protecting the supply feed to: _____

Area(s) of possible concern: _____

Premise Owner Name (Please Print): _____

Premise Owner Signature: _____ Date: _____