



ECSD BACKFLOW FIELD TEST FORM

1 Service Name/Address: _____ _____	Service Number: _____	Owner Name/Address: _____ _____	<input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB	<input type="checkbox"/> DCDA <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA II <input type="checkbox"/> RPDA II
	Assembly Location: _____			
Mainline Mfr:	Model	Size	Orientation	Serial Number
Bypass Mfr:	Model	Size	Orientation	Serial Number

2 Bypass Water Meter Reading Before Test: _____ After Test: _____

MAINLINE DCDA BYPASS
 DC DCDA II

3		Check Valve 1	Check Valve 2	Check Valve 1	Check Valve 2	Bypass Check
	INITIAL TEST	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>
	REPAIR DETAILS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____
FINAL TEST	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>	Leaked ____ PSID <input type="checkbox"/>

MAINLINE RPDA BYPASS
 RP RPDA II

4		Check Valve 1	Check Valve 2	Relief Valve	Check Valve 1	Check Valve 2	Relief Valve	Bypass Check
	INITIAL TEST	____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	____ PSID <input type="checkbox"/> Did Not Open	____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	____ PSID <input type="checkbox"/> Did Not Open	____ PSID <input type="checkbox"/> Leaked
	REPAIR DETAILS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced _____
FINAL TEST	____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	____ PSID <input type="checkbox"/> Did Not Open	____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	____ PSID <input type="checkbox"/> Did Not Open	____ PSID <input type="checkbox"/> Leaked	____ PSID <input type="checkbox"/> Leaked

PVB SVB

5		Air Inlet ____ PSID <input type="checkbox"/> Did not Open Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve ____ PSID <input type="checkbox"/> Leaked	REPAIR DETAILS	<input type="checkbox"/> Cleaned _____ <input type="checkbox"/> Replaced _____	FINAL TEST	Air Inlet ____ PSID <input type="checkbox"/> Did not Open Opened Fully? <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Valve ____ PSID <input type="checkbox"/> Leaked
---	--	---	---	----------------	---	------------	---	---

6 COMMENTS:

INITIAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
REPAIR DETAILS	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	
FINAL TEST	Date _____ Time _____	Certified Tester No. _____	Tester Name (Print) _____ Tester Signature _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Onsite contact acknowledged _____