



## Backflow Prevention Assembly Test Report

Incomplete forms **will not** be accepted and could delay your compliance.

1. Water Purveyor <b>CITY OF DURANGO</b>		2. Account No.		3. Permit No.	
4. Service Name		5. Service Address			
6. Contact Name		7. Contact Email		8. Contact Phone	
9. Primary Business or Service at this Location:					
10. Owner/Mgmt Co/Contractor:					
11. Mailing Address:					
12. Contact Name		13. Contact Email		14. Contact Phone	
15. New <input type="checkbox"/> Existing <input type="checkbox"/> If new, removed assembly serial number: _____					
16. Purpose: Secondary/Containment <input type="checkbox"/> Primary/Point of Use (Isolation) <input type="checkbox"/>					
17. Use: Domestic <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Irrigation <input type="checkbox"/> Process <input type="checkbox"/>					
18. Assembly Type: Reduced Pressure <input type="checkbox"/> Double Check <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Other: _____					
19. Manufacturer:		20. Model NO.:		21. Size:	22. Serial No.:
23. Date Installed:		24. Last Inspection:		25. Line Pressure: <b>PSI</b>	
26. Location:				27. Pressure Reducing Valve? Yes <input type="checkbox"/> No <input type="checkbox"/>	

	Check Valve #1	Check Valve #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET OPENED AT
28. Initial Test	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ PSID	1. CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO _____ PSID	OPENED AT _____ PSID	OPENED AT _____ PSID
	2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	2. LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	DID IT OPEN <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO
29. Repairs	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO	CLEANED <input type="checkbox"/> YES <input type="checkbox"/> NO
	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	REPLACED <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>Part Numbers must be listed in Comments section</i>	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT/DISC <input type="checkbox"/> YES <input type="checkbox"/> NO	SEAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO	SPRING <input type="checkbox"/> YES <input type="checkbox"/> NO
	GUIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	GUIDE <input type="checkbox"/> YES <input type="checkbox"/> NO	DIAPHRAGM <input type="checkbox"/> YES <input type="checkbox"/> NO	FLOAT <input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
	SHUT OFF VALVE# 1	CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REPAIRED
SHUT OFF VALVE# 2	CLOSED TIGHT <input type="checkbox"/> YES <input type="checkbox"/> NO	LEAKED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REPAIRED	<input type="checkbox"/> REPLACED

Repairs (include part description / Comments):

**Assembly Mechanical Test:**  Passed  Failed  
 If mechanical test fails, the Water Purveyor/Authority must be notified immediately and repairs made as soon as possible.

**Assembly installation: (Visual Inspection during testing).**  Passed  Failed  
 Reason for failure: \_\_\_\_\_

**Alarm Company/Fire Department notification:**

Turn Off Date:	Time:	Turn On Date:	Time:
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Technician certifies this assembly has been tested in accordance with ASSE Procedures: 5010- \_\_\_\_\_

Tester Name:	Certification No.:	Expires:
Tester Signature:	<b>Test Date:</b>	Time:
Tester Phone:	Test Gauge:	Gauge Re-Cert Date:

Owner or Agent Signature: **X**

\_\_\_\_\_  
Signature indicates verification by Signer that isolation valves were returned to pre-test orientation.