



City of Warren Test Report

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Cross Connection Department 586-759-9231

Backflow Assembly Test Report Form

Contact: _____

Address: _____

Facility: _____

City/Zip code: _____

Date of Test: _____

Time: _____

SECTION 1. Device Information New Install _____ Replacement Assy. _____ Existing Assy. _____

Location _____ RPZ _____ DCVA _____ PVB _____ SRVB _____

Type of Assembly: Containment _____ Isolation _____ Fire line _____ Lawn Irrigation _____

Manufacturer _____ Model # _____ Size _____ Serial # _____

Line Pressure PSI

1st Shutoff C L

2nd Shutoff C L

SECTION 2. First Test

1st Test

Reduced Pressure Principle Assembly
Double Check Valve Assembly

Pressure Vacuum Breaker
Spill proof Vacuum Breaker

1st Check C L

2nd Check C L

Relief O M

Air Inlet O M

Check C L

PSID

PSID

PSID

PSID

PSID

PASS FAIL If 1st test passed, go to Sec.5, otherwise complete 3-6.

NOTE: ALL FAILED TESTS ARE REQUIRED TO BE SUBMITTED

SECTION 3, Repairs

Repairs, if necessary

SECTION 4, Final Test

Final Test

1st Check C L

2nd Check C L

Relief O M

Air Inlet O M

Check C L

PSID

PSID

PSID

PSID

PSID

PASS FAIL

SECTION 5, Certification

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.

Tester Name: _____ ASSE Certification # _____ Expires: _____ Plumbing Lic. # _____

Testing Firm: _____ Testing Firm Phone #: _____

Testing Firm Address: _____

Tester Signature: _____ Date: _____

SECTION 6. GAUGE

Make: _____ Model: _____

Serial #: _____ Date of last calibration: _____

All incomplete forms will be returned to the tester