



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT

CUSTOMER		CUSTOMER NUMBER		FILE NUMBER	
MAILING ADDRESS					
SERVICE LOCATION					METER NUMBER
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS.	AIR GAP (2 x SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS:	
				NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
INITIAL TEST			FINAL TEST AFTER REPAIR		
REDUCED PRESSURE PRINCIPLE ASSEMBLY			REDUCED PRESSURE PRINCIPLE ASSEMBLY:		
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)			RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		
2 nd CHECK held backpressure			2 nd CHECK held backpressure		
NO. 2 SHUTOFF VALVE leak tight			NO. 2 SHUTOFF VALVE leak tight		
1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)			1 st CHECK held in direction of flow _____ *PSID (5 PSID or more)		
DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)			DIFFERENCE (1 st check – relief _____ *PSID (3 PSID or more)		
<input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed			<input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/> Passed <input type="checkbox"/> Failed		
NOTE: Failure of any of the above items, requires repair.			*Pounds per Square Inch Differential		
INITIAL TEST			FINAL TEST AFTER REPAIR		
DOUBLE CHECK VALVE ASSEMBLY:			DOUBLE CHECK VALVE ASSEMBLY:		
1 st CHECK held in direction of flow _____ PSID (1 PSID or more)			1 st CHECK held in direction of flow _____ PSID (1 PSID or more)		
2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)			2 nd CHECK held in direction of flow _____ PSID (1 PSID or more)		
NOTE: Failure of any of the above items, requires repair.					
APPLICATION:		COMMENTS			
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> FIRE LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER (EXPLAIN)					
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE					
TESTED BY (PRINT)		(SIGNATURE)		PREPARED BY (PRINT) (SIGNATURE)	
COMPANY		FINAL TEST BY (PRINT) (SIGNATURE)			
CERTIFICATION NUMBER AND EXPIRATION DATE		OWNER OR OWNER'S REPRESENTATIVE			DATE
Missouri State regulation 10 CSR 60-11.010(6) (E) requires testers to report results of tests and inspections to the customer and the water supplier.					