



City of Sioux City
 Field Services/Utilities Division
 1921 St Sioux City, IA 51105
 (712) 279-6164 Fax: (712) 279-6195

**BACKFLOW PREVENTION
 ASSEMBLY TEST REPORT**

OWNER/BUSINESS NAME		PHONE NO.
CONTACT	ADDRESS	
ASSEMBLY LOCATION ADDRESS		CITY, STATE, ZIP
FIELD LOCATION		PROTECTION FOR (CJ GEMONE)
		CO FL LS PU OT
CO=Containment FL=Fire Line LS=Landscape PU=Point of Use OT=Other:		
MANUFACTURER:	SIZE:	MODEL:
		SERIAL NO:

Reduced Pressure Principle Assembly

<input type="checkbox"/> NEW	RP	<input type="checkbox"/>
	DC	<input type="checkbox"/>
<input type="checkbox"/> EXISTING	PVB	<input type="checkbox"/>
	SRVB	<input type="checkbox"/>
	DCDA	<input type="checkbox"/>
	RPDA	<input type="checkbox"/>

Double Check Valve Assembly

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB
INITIAL TEST	Held at _____ PSD Leaked <input type="checkbox"/>	Held at _____ PSD Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____ PSD Did not open <input type="checkbox"/>	AIR INLET Opened at _____ PSD Did not open <input type="checkbox"/>
REPAIRS: Give details of repairs made here.	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced	Check Valve Held at _____ PSD Did not open <input type="checkbox"/> <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced
FINAL TEST After repairs	Held at _____ PSD Leaked <input type="checkbox"/>	Held at _____ PSD Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____ PSD Did not open <input type="checkbox"/>	AIR INLET Opened at _____ PSD Did not open <input type="checkbox"/> Check Valve Held at _____ PSD Did not open <input type="checkbox"/>

TESTER INFORMATION	Date:	Time:	Tester Certification Number:
	Tested By: (signature)		Print Name:
	Company Name:		Phone Number:
TEST	Test Gauge Serial #:		Calibration Date:
	Make/Model:		Calibrated By:

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