

Water Purveyor			Water Meter No.		Permit No./Account No.
Type	Manufacturer		Size	Model No.	Serial No.
Facility/Owner			Contact		Phone
Address				Email	
Owner Representative			Person to Contact		Phone
Representative Address			Assembly Address		
On Site Location of Assembly				Primary Business/Service at this location	
Line Pressure	Protection Type	Service Type	This installation is		Old Serial No.
Single Check OR Double Check OR Reduced Pressure Principle Valve Assembly					Pressure Vacuum Breaker
	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve		Air Inlet Opened at _____ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> Did Not Open
Initial Test if Failed	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/> Leaked	Pressure Relief Opened _____ <input type="checkbox"/> Did Not Open		Check held at _____ PSID <input type="checkbox"/> Leaked
Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Check Disc <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Check Disc <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other		<input type="checkbox"/> Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Disc Holder <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Other
Shutoff Valve					Back Pressure
Passing Test Values	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Pressure Relief Opened _____ PSID		Air Inlet Open _____ PSID Check Valve _____ PSID

This report is Certified to be true.

Failed By	Certified Tester No.	Date Failed	Test Kit Serial
Repaired By	Certified Tester No.	Date Repaired	Test Kit Serial
Passed By	Certified Tester No.	Date Passed	Test Kit Serial

Comments: