

**CITY OF JOHNSTON**  
**BACKFLOW DEVICE TEST REPORT**  
www.cityofjohnston.com



Public Works · 6400 NW Beaver Dr. · Johnston, IA 50131 · 515-278-0822 · Fax: 515-727-8092

Customer or Business Name		Contact Person		Phone	
Mailing Address					
Service Address					
<b>Type of device</b> <input type="checkbox"/> Isolation <input type="checkbox"/> Containment Device protects backflow from:			<b>Test Information</b> Date _____ Time _____ Supply pressure _____ lbs.		
<b>Type of assembly:</b> Manufacturer _____ Model _____ Size _____ Serial # _____ Meter # _____			<b>Installation</b> New installation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is device installed to plumbing code? <input type="checkbox"/> Yes <input type="checkbox"/> No Plumbing permit number _____ Protection from freezing? <input type="checkbox"/> Yes <input type="checkbox"/> No Protection from flooding? <input type="checkbox"/> Yes <input type="checkbox"/> No Does branch piping exist prior to meter or device? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Device location:</b> Height off floor _____					
<b>REDUCED PRESSURE PRINCIPAL ASSEMBLY</b>		Initial Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Final Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<b>INITIAL TEST</b> (Any failure requires repair)		<b>P F</b>		<b>FINAL TEST AFTER REPAIR</b>	
1st check held in direction of flow _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		1st check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
Relief Valve opened at _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		Relief Valve opened at _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
Difference (1st check relief) _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		Difference (1st check relief) _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
2nd Check held back pressure _____		<input type="checkbox"/> <input type="checkbox"/>		2nd Check held back pressure _____ <input type="checkbox"/> <input type="checkbox"/>	
2nd Check held in direction of flow _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		2nd Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
#2 Shut off valve leak tight _____		<input type="checkbox"/> <input type="checkbox"/>		#2 Shut off valve leak tight _____ <input type="checkbox"/> <input type="checkbox"/>	
<b>DOUBLE CHECK VALVE ASSEMBLY</b>		Initial Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Final Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<b>INITIAL TEST</b> (Any failure requires repair)		<b>P F</b>		<b>FINAL TEST AFTER REPAIR</b>	
1st check held in direction of flow _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		1st check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
2nd Check held back pressure _____		<input type="checkbox"/> <input type="checkbox"/>		2nd Check held back pressure _____ <input type="checkbox"/> <input type="checkbox"/>	
2nd Check held in direction of flow _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		2nd Check held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
#2 Shut off valve leak tight _____		<input type="checkbox"/> <input type="checkbox"/>		#2 Shut off valve leak tight _____ <input type="checkbox"/> <input type="checkbox"/>	
<b>PRESSURE VACUUM BREAKER</b>		Initial Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed		Final Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
<b>INITIAL TEST</b> (Any failure requires repair)		<b>P F</b>		<b>FINAL TEST AFTER REPAIR</b>	
Air inlet opened @ _____ PSID _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		Air inlet opened @ _____ PSID _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
Check valve held in direction of flow _____ PSID		<input type="checkbox"/> <input type="checkbox"/>		Check valve held in direction of flow _____ PSID <input type="checkbox"/> <input type="checkbox"/>	
<b>Repair Comments:</b>					
<b>I CERTIFY THIS REPORT TO BE TRUE, ACCURATE AND CORRECT.</b>					
<b>Licensed Tester Information</b>					
Print Name		Signature		Date	
Company:					
Registration Number:			Registration Expiration Date:		
<b>Repaired by</b>					
Print Name		Signature		Date	
Company:					