



West Des Moines Water Works
 1505 Railroad Avenue
 West Des Moines, IA 50265
 Phone 222-3465 Fax 222-3469

BACKFLOW DEVICE TEST REPORT

Customer or Business Name	Contact Person	Phone Number
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Mailing Address

Service Address	Isolation <input type="checkbox"/> Containment <input type="checkbox"/>
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Date of Test	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Supply Pressure _____ PSI	Device Protects Backflow From:
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Type of Assembly	Manufacturer	Model	Size	Serial No.	Meter No.
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Height Above Floor _____ (in. / Ft.)	Protection From:	New Installation <input type="checkbox"/> Yes <input type="checkbox"/> No
	Freezing <input type="checkbox"/> Yes <input type="checkbox"/> No	Flooding <input type="checkbox"/> Yes <input type="checkbox"/> No

Is device installed according to plumbing code requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does branch piping exist prior to the meter or containment device? <input type="checkbox"/> Yes <input type="checkbox"/> No	Plumbing Permit No.
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DEVICE LOCATION :

REDUCED PRESSURE PRINCIPLE ASSEMBLY	Passed	Failed
Initial Test		
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"/>
Difference (1st check-relief) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>
*Failure of any of above items requires repair		

REDUCED PRESSURE PRINCIPLE ASSEMBLY	Passed	Failed
Final Test After Repair		
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"/>
Difference (1st check-relief) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>

DOUBLE CHECK VALVE ASSEMBLY	Passed	Failed
Initial Test		
1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>
*Failure of any of above items requires repair		

DOUBLE CHECK VALVE ASSEMBLY	Passed	Failed
Final Test After Repair		
1st Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held backpressure	<input type="checkbox"/>	<input type="checkbox"/>
2nd Check held in direction of flow _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 Shut-off Valve leak tight	<input type="checkbox"/>	<input type="checkbox"/>

PRESSURE VACUUM BREAKER	Initial Test	Air Inlet opened _____ at _____ PSID	Check Valve held in direction of flow _____ PSID	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>
	After Repair	Air Inlet opened _____ at _____ PSID	Check Valve held in direction of flow _____ PSID	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>

Repair Comments:

THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE

Tested By: _____ Print Name Signature	Repaired by: _____ Print Name Signature
Company	Final Test By: _____ Print Name Signature

Registration No. _____ Registration Expiration Date: _____	Date: _____
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