

**Manufacturer:** \_\_\_\_\_ **Model #** \_\_\_\_\_ **Device Size:** \_\_\_\_\_ **Valve Type:** \_\_\_\_\_  
**BF Assembly Loc:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_  
**Water Account #** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_ **BF Serial #** \_\_\_\_\_  
**Billing Party/Service Address:** \_\_\_\_\_  
**Detector Assembly: Water Meter Reading: Before Test** \_\_\_\_\_ **After Test** \_\_\_\_\_

- RP
- DDC
- PPVB
- SSVB
- DCDA
- RPDA
- DCDA-II
- RPDA-II

**Reduced Pressure Principle Assembly**

**Double Check Valve Assembly**

	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB/SVB</b>
<b>Initial Test</b>	Closed Tight <input type="checkbox"/>  _____PSID	Closed Tight <input type="checkbox"/>  _____PSID	Opened at _____PSID  Did Not Open <input type="checkbox"/>	<b>Air Inlet</b> Opened at _____PSID Did Not Open <input type="checkbox"/> Opened Fully? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Held at _____PSID  Leaked <input type="checkbox"/>	<b>Check Valve</b> Held at _____PSID  Leaked <input type="checkbox"/>
<b>Repairs: Details</b>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced  _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced  _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced  _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced  _____ _____ _____
	<b>Final Test</b>	_____PSID	_____PSID  Closed Tight <input type="checkbox"/>	Opened at _____PSID
<b>Comments:</b> _____				Check Valve Held at _____PSID
<b>Initial Test</b>	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Test by (Signature) _____ Print Name _____			
<b>Repair</b>	Date _____ Time _____ Certified Tester No. _____ Test by (Signature) _____ Print Name _____			
<b>Final Test</b>	Date _____ Time _____ Certified Tester No. _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail Test by (Signature) _____ Print Name _____			

**Onsite Contact Acknowledged** \_\_\_\_\_