

City of South Lyon Backflow Prevention Assembly Test Report

Business Name			
Address			
Contact Name		Phone Number	
Type of Assembly		Location	
Size		Manufacturer	
Model		Serial Number	
Type of Protection	<input type="checkbox"/> Back Pressure	<input type="checkbox"/> Back Siphonage	<input type="checkbox"/> Constant pressure
Initial Test			
Initial Test	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	
Line Pressure	_____ PSI		
Reduced Pressure Principal Assembly			
Double Check			
1st Check	2nd Check	Relief Valve	PVB/SVB
Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open	Air inlet opened at _____ PSID Opened Fully <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Check Leaked
Shut Off Valves	#1		#2
Repairs	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	
Final Test			
_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID Ck Valve _____ PSID
Tester Certification			
Tester Name		ASSE 5110 Cert. #	
Testing Firm		Firm Telephone #	
Firm Address			
Tester signature _____		Date _____	
Guage			
Make		Model	
Serial #		Date of last calibration	
Notes:			