



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## Contact Information

P.O. Box 419  
15520 Crestwood Dr.  
Basehor, KS 66007  
913.724.7000

Acct.# \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Test Due No Later Than:**

	<u>Initial Device</u>	Check if <b>Correct</b>	<u>Corrections</u>
Serial #	_____	<input type="checkbox"/>	_____
Manufacturer	_____	<input type="checkbox"/>	_____
Model	_____	<input type="checkbox"/>	_____
Type	_____	<input type="checkbox"/>	_____
Size	_____	<input type="checkbox"/>	_____
Location	_____	<input type="checkbox"/>	_____

**SUBMIT REPORTS TO:**

Online Form @ [crwd1.com](http://crwd1.com)  
Email to [admin@crwd1.com](mailto:admin@crwd1.com)  
Fax to 913.724.1310

**Only Submit Passing Tests**

	Reduced Pressure Principle Assembly					
	Double Check Assembly					
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB		
<b>Initial Test</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	<b>AIR INLET</b>		
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Did Not Open <input type="checkbox"/>		
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID	Opened at _____ PSID	
<b>Repairs</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	<b>CHECK VALVE</b>		
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>		
				Held at _____ PSID		
				Cleaned <input type="checkbox"/>		
				Replaced <input type="checkbox"/>		
				<b>AIR INLET</b>		
				Opened at _____ PSID		
<b>Final Test</b>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	<b>CHECK VALVE</b>		
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID		

Comments		Held Backpressure	Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
		#2 Shut Off	Closed Tight <input type="checkbox"/>	
			Leaked <input type="checkbox"/>	

	Date	Tester	Signature	Tester #	Test Kit #	Pass / Fail
<b>Initial Test</b>						
<b>Repairs</b>						
<b>Final Test</b>						

The above report is certified to be true **X**

Agency Tester Certification Received From: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_