



CITY OF RAYMORE, MISSOURI  
 Public Works  
 100 Municipal Circle, Raymore, Missouri 64083  
 Phone # 816-331-2377 Fax # 816-331-9426

**BACKFLOW PREVENTION ASSEMBLY TEST DATA AND MAINTENANCE REPORT**

CUSTOMER				ACCOUNT NUMBER	
SERVICE ADDRESS					
LOCATION OF DEVICE					
DATE OF TEST	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	SUPPLY PRESSURE _____ LBS	AIR GAP (2 X SUPPLY DIAM.) SUPPLY _____ IN. GAP _____ IN.		<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
TYPE OF ASSEMBLY	MANUFACTURER	MODEL	SIZE	SERIAL NUMBER	
HEIGHT OFF FLOOR _____ (IN./FT.)	PROTECTION FROM: FREEZING <input type="checkbox"/> YES <input type="checkbox"/> NO FLOODING <input type="checkbox"/> YES <input type="checkbox"/> NO			COMMENTS:	NEW INSTALLATION <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>INITIAL TEST</b>		<b>PASSED</b>	<b>FAILED</b>	<b>FINAL TEST AFTER REPAIR</b>	
<b>REDUCED PRESSURE PRINCIPAL ASSEMBLY:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<b>REDUCED PRESSURE PRINCIPAL ASSEMBLY:</b>	
RELIEF VALVE OPENED AT _____ *PSID (2 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	RELIEF VALVE OPENED AT _____ PSID (2 PSID or more)	
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held backpressure	
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUT OFF VALVE leak tight	
1ST CHECK held in direction of flow _____ *PSID (5 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (5 PSID or more)	
DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	DIFFERENCE (1st check - relief) _____ PSID (3 PSID or more)	
NOTE: Failure of any of the above items, requires repair.			*Pounds per Square Inch Differential		
<b>INITIAL TEST</b>		<b>PASSED</b>	<b>FAILED</b>	<b>FINAL TEST AFTER REPAIR</b>	
<b>DOUBLE CHECK VALVE ASSEMBLY:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<b>DOUBLE CHECK VALVE ASSEMBLY:</b>	
1ST CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	1ST CHECK held in direction of flow _____ PSID (1 PSID or more)	
2ND CHECK held backpressure		<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held backpressure	
2ND CHECK held in direction of flow _____ PSID (1 PSID or more)		<input type="checkbox"/>	<input type="checkbox"/>	2ND CHECK held in direction of flow _____ PSID (1 PSID or more)	
NO. 2 SHUT OFF VALVE leak tight		<input type="checkbox"/>	<input type="checkbox"/>	NO. 2 SHUT OFF VALVE leak tight	
NOTE: Failure of any of the above items, requires repair.					
COMMENTS:					
COMMERCIAL <input type="checkbox"/>					
FIRE LINE <input type="checkbox"/>					
IRRIGATION <input type="checkbox"/>					
REPAIR HISTORY					
_____					
_____					
THE ABOVE REPORT IS CERTIFIED TO BE TRUE, ACCURATE AND COMPLETE.					
TESTED BY (PRINT) (SIGNATURE)			REPAIRED BY (PRINT) (SIGNATURE)		
COMPANY			FINAL TEST BY (PRINT) (SIGNATURE)		
CERTIFICATION NUMBER			OWNER OR OWNER'S REPRESENTATIVE		DATE