Summerville Commissioners of Public Works

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BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT
FILL OUT COMPLETELY AND SUBMIT WITHIN SEVEN (7) DAYS OF TESTING.

Test Date _____ Account Name _____ Phone_____
Account # _____ Address _____
Assembly Make _____ Model # _____ Size _____ Serial # _____
Assembly Location _____

PVB ☐ **DCVA** ☐
RP ☐ **AIR-GAP** ☐

	Reduced Pressure Principle Assembly			PVB
	Double Check Valve Assembly			
Initial Test	**Check Valve # 1** Leaked ☐ Closed Tight ☐ Differential Pressure Held Tight at _____ psi	**Check Valve # 2** Leaked ☐ Closed Tight ☐ Differential Pressure Held Tight at _____ psi	**Relief Valve** Differential Pressure _____ psi Shut Off Valve # 2 Leaked ☐ Closed Tight ☐	**Air Inlet** Opened at _____ psi Did not open ☐ **Check Valve** Held Tight at _____ psi Leaked ☐
Repairs				
Final Test	**Check Valve # 1** Leaked ☐ Closed Tight ☐ Differential Pressure Held Tight at _____ psi	**Check Valve # 2** Leaked ☐ Closed Tight ☐ Differential Pressure Held Tight at _____ psi	**Relief Valve** Differential Pressure _____ psi Shut Off Valve # 2 Leaked ☐ Closed Tight ☐	**Air Inlet** Opened at _____ psi Did not open ☐ **Check Valve** Held Tight at _____ psi Leaked ☐
Comments:				

Initial Test
Tested By (*print*) _____ Date _____ Time _____
Test used: Direction of Flow ☐ Differential Pressure ☐ Pass ☐ Fail ☐

Repairs
Repaired By (*print*) _____ Date _____
Replaced **Y** or **N** Removed Assembly: Make _____ Model _____ S/N _____

Final Test
Tested By (*print*) _____ Date _____ Time _____
Test used: Direction of Flow ☐ Differential Pressure ☐ Pass ☐ Fail ☐

TESTER CATEGORY: ☐GENERAL ☐LIMITED ☐INSPECTOR

DHEC Cert # _____ Company Name _____ Phone # _____

Test Kit Serial # _____ Calibration Date _____

TESTER AFFIDAVIT

THIS MUST BE PERFORMED BY A GENERAL, LIMITED, OR INSPECTOR TESTER DULY CERTIFIED BY THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL AND APPROVED BY SCPW. REPAIR MATERIALS USED MUST BE ORIGINAL MANUFACTURER'S PARTS. I HAVE PROVIDED A COPY OF THIS REPORT TO THE CUSTOMER AND AM RESPONSIBLE FOR SENDING THE ORIGINAL TO THE SCPW CROSS CONNECTION CONTROL DEPARTMENT. I HEREBY CERTIFY THAT THE ABOVE TESTING AND/OR REPAIR WAS PERFORMED BY MYSELF, AND THE INFORMATION IS CORRECT.

_____
TESTER NAME