



Return to:
 KCMO Water Services Department
 Backflow Unit
 2409 E. 18ST.
 Kansas City, MO 64130
 816-513-0273; fax 816-513-8366

Backflow Prevention Assembly Test Data and Maintenance Report

Customer	Test Date	Register #
Service location	Valve size	
Manufacturer	Model	Serial Number
Valve location	New installation yes no	

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
Reduced Pressure Assembly			Reduced Pressure Assembly		
1st Check held in direction of flow _____PSID (5 or more).			1st Check held in direction of flow _____ PSID (5 or more).		
Relief Valve opened at _____ PSID (2 or more)			Relief Valve opened at _____ PSID (2 or more)		
Difference (1 st Check-Relief) _____ PSID (3 or more)			Difference (1 st Check-Relief) _____ PSID (3 or more)		
2nd Check held in direction of flow _____ PSID (1 or more)			2nd Check held in direction of flow _____ PSID (1 or more)		
2nd Check held back pressure			No. 2 Shutoff Valve leak tight		
No. 2 Shutoff Valve leak tight					

Note: Failure of any of the above items requires repair.

Initial Test	Passed	Failed	Final Test After Repair	Passed	Failed
Double Check Valve Assembly			Double Check Valve Assembly		
1st Check held in direction of flow _____ PSID (1 or more)			1st Check held in direction of flow _____ PSID (1 or more)		
2nd Check held in back pressure			2nd Check held in back pressure		
2nd Check held in direction of flow _____ PSID (1 or more)			2nd Check held in direction of flow _____ PSID (1 or more)		
No. 2 Shutoff Valve leak tight			No. 2 Shutoff Valve leak tight		

Note: Failure of any of the above items requires repair.

Comments: Repair History:	Application: <input type="checkbox"/> Commercial <input type="checkbox"/> Fire Line <input type="checkbox"/> Irrigation <input type="checkbox"/> Other (explain)
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The above report is certified to be true, accurate and complete.

Tested by (print) _____ (signature) _____ date _____	Repaired by (print) _____ (signature) _____ date _____
Company _____	Final Test By (print) _____ (signature) _____ date _____
Certification number & expiration date/Telephone # _____	Owner or owner's representative/ Telephone # _____