

York Water District Annual Backflow Prevention Device Assembly Test Record Form

Owner of Property _____ Test Date _____

Device Address _____ Time _____

Location of Device on Property _____ Device Type: RPZ DCVA

Protection Type: Domestic Fire Well

Static Line Pressure _____ Irrigation Commercial Other _____

(Optional)

Device Information

Assembly Manufacturer _____ Model _____ Size _____

Serial # _____ New Installation: Yes No

Test Equipment

Test Kit Manufacturer _____ Model _____ Serial # _____

Last Calibration Date _____
(Due Annually)

Reduced Pressure Backflow Prevention Device (RPZ) - ASSE Test

Check Valve No.2	Shutoff Valve No. 2	Check Valve No. 1	Pressure Differential Relief Valve
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	
		Pressure Drop across Check Valve No.1 _____ PSID	

Double Check Valve Assembly (DCVA) - ASSE Test

Check Valve No. 1	Check Valve No. 2	Shutoff Valve No. 2
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/> _____ PSID	Leaked <input type="checkbox"/>

PASS FAIL

Remarks: _____

Testing Agency _____

Tester's Name _____

Tester Certification # _____

Tester's Signature _____

Service Restored