



# FIELD TEST REPORT

**FILL OUT COMPLETELY AND SUBMIT WITHIN SEVEN (7) DAYS OF TESTING.**

Test Date \_\_\_\_\_ Account Name/Business Name \_\_\_\_\_

Account # \_\_\_\_\_ Address \_\_\_\_\_

Assembly Make \_\_\_\_\_ Model # \_\_\_\_\_ Size \_\_\_\_\_ Serial # \_\_\_\_\_

Assembly Location \_\_\_\_\_

PVB  DCVA   
 RP  AIR-GAP

Reduced Pressure Principle Assembly				
Double Check Valve Assembly			PVB	
Initial Test	<b>Check Valve # 1</b> Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>  Differential Pressure Held Tight at _____ psi	<b>Check Valve # 2</b> Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>  Differential Pressure Held Tight at _____ psi	<b>Relief Valve</b> Differential Pressure _____ psi  Shut Off Valve # 2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	<b>Air Inlet</b> Opened at _____ psi Did not open <input type="checkbox"/>  <b>Check Valve</b> Held Tight at _____ psi Leaked <input type="checkbox"/>
	Repairs	Repairs	Repairs	Repairs
Final Test	<b>Check Valve # 1</b> Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>  Differential Pressure Held Tight at _____ psi	<b>Check Valve # 2</b> Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>  Differential Pressure Held Tight at _____ psi	<b>Relief Valve</b> Differential Pressure _____ psi  Shut Off Valve # 2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	<b>Air Inlet</b> Opened at _____ psi Did not open <input type="checkbox"/>  <b>Check Valve</b> Held Tight at _____ psi Leaked <input type="checkbox"/>

**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

DHEC Cert # \_\_\_\_\_ Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Test Kit Serial # \_\_\_\_\_ Calibration Date \_\_\_\_\_

**Tester Statement**

I am a certified South Carolina DHEC tester, approved by CWS to perform the required tests on backflow prevention assemblies. All materials used in repair or replacement of this assembly are original manufacturers' parts. I have provided a copy of this report to the customer and I am responsible for sending the original (passing or failing) to CWS Cross-Connection Control Department within seven (7) days of testing the assembly. I hereby certify that all work noted here was performed by myself, \_\_\_\_\_ and the information is correct.

(signature)