

CITY OF BOZEMAN

PO Box 1230

Bozeman, MT 59771-1230

Phone: 406-582-3200

Fax: 406-582-3201

Test must be submitted to the City of Bozeman within 30 days.

**Backflow Prevention Assembly
Test Report**

Mailing Address

Bozeman, MT

Account #: .

Last Test:

Test Due:

Irrigation Service

Domestic Service

Fire Service

Service Address

Address: .

Company: .

City: Bozeman, MT

Hazard:

Location:

Serial #:

Manufacturer:

Model:

Type:

Size:

Hazard #: 1 of 1

Reduced Pressure Principle Assembly				RP <input type="checkbox"/>	DCDA <input type="checkbox"/>
Double Check Valve Assembly				DC <input type="checkbox"/>	RPDA <input type="checkbox"/>
Check Valve #1		Check Valve #2		Relief Valve	
Check Valve #1		Check Valve #2		Relief Valve	
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	AIR INLET	
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Did not Open <input type="checkbox"/>	
	Held at _____ PSID	Held at _____ PSID		Opened at _____ PSID	
Repairs	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	CHECK VALVE	
	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Replaced <input type="checkbox"/>	Leaked <input type="checkbox"/>	
				Held at _____ PSID	
Details				Cleaned <input type="checkbox"/>	
				Replaced <input type="checkbox"/>	
				AIR INLET	
Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	
	Held at _____ PSID	Held at _____ PSID		CHECK VALVE	
				Held at _____ PSID	

Comments	Line Pressure _____
	8-Digit Meter Serial # _____
	Held Backpressure _____
	#2 Shutoff _____
	Relief Valve Exercised _____

The above report is certified to be true.

	Date	Technician	Signature	Tech Cert #	Test Kit S/N	Passed	Failed
Initial Test						<input type="checkbox"/>	<input type="checkbox"/>
Repairs						<input type="checkbox"/>	<input type="checkbox"/>
Final Test						<input type="checkbox"/>	<input type="checkbox"/>