

CITY OF ALTOONA BACKFLOW REPORT
(515) 967-2454 OR FAX (515) 967-4518
407 8th St SE - PO BOX 338
ALTOONA, IA 50009

NAME	CONTACT	PHONE
ADDRESS		LOCATION

SERIAL #	TYPE	SIZE	MANUFACTURER	MODEL	OFF FLOOR	PROTECTED Y <input type="checkbox"/> N <input type="checkbox"/>
SYSTEM PRESSURE LBS.	AIR GAP (2x SUPPLY DIAMETER) SUPPLY _____In. GAP _____In.					

REDUCED PRESSURE ASSEMBLY	INITIAL		FINAL	
	PASS	FAIL	PASS	FAIL
1ST CHECK held in direction of flow (=>5 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE opened at (=>2 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIFFERENCE (=>3 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held in direction of flow (=>1 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF VALVE exercised to open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOUBLE CHECK VALVE				
1ST CHECK held in direction of flow (=>1 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held in direction of flow (=>1 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ND CHECK held backpressure _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No. 2 SHUTOFF VALVE leak tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE VACUUM BREAKER				
AIR INLET opened at (=>1 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHECK held in direction of flow (=> 1 PSID) _____ PSID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & REPAIRS

TESTS PERFORMED BY:	REGISTRATION#	DATE
PRINTED NAME	COMPANY	PHONE #