



City of Derby Utilities
 El Paso Water Co., Inc.
 611 Mulberry Road, Suite 300
 Derby, KS 67037
 www.derbyks.com

Backflow Device Test Report

Date _____ Rain Sensor Installed ___Y ___N
 Size _____ Manufacturer _____ Serial # _____
 Model # _____ Type _____ Owner _____
 Service Address _____ Zip Code _____
 Location _____

Reduced Pressure Principle Assembly

| | | Double Check Valve Assembly | | | | | |
|---------------------------------|--|---|--|------------------------------------|--|---|---------------------------------------|
| | | Check Valve #1 | Check Valve #2 | Differential Pressure Relief Valve | | Pressure Vacuum Breaker | |
| Initial Test | | 1. Leaked <input type="checkbox"/> PR _____ PSID | 1. Leaked <input type="checkbox"/> | Opened at _____ PSID | | Air Inlet | Opened at _____ PSID |
| | | 2. Closed tight <input type="checkbox"/> | 2. Closed tight <input type="checkbox"/> | Reduced pressure | | Did not open <input type="checkbox"/> | Did not open <input type="checkbox"/> |
| R E P A I R S | | Cleaned <input type="checkbox"/> | Cleaned <input type="checkbox"/> | Cleaned <input type="checkbox"/> | | Check valve <input type="checkbox"/> | |
| | | Replaced <input type="checkbox"/> | Replaced <input type="checkbox"/> | Replaced <input type="checkbox"/> | | Held at _____ PSID | |
| | | Disc <input type="checkbox"/> | Disc <input type="checkbox"/> | Disc: <input type="checkbox"/> | | Leaked <input type="checkbox"/> | |
| | | Spring <input type="checkbox"/> | Spring <input type="checkbox"/> | Upper <input type="checkbox"/> | | | |
| | | Guide <input type="checkbox"/> | Guide <input type="checkbox"/> | Lower <input type="checkbox"/> | | Cleaned <input type="checkbox"/> | |
| | | Pin retainer <input type="checkbox"/> | Pin retainer <input type="checkbox"/> | Spring <input type="checkbox"/> | | Replaced: | |
| | | Hinge pin <input type="checkbox"/> | Hinge pin <input type="checkbox"/> | Diaphragm <input type="checkbox"/> | | Air inlet disc <input type="checkbox"/> | |
| | | Seat <input type="checkbox"/> | Seat <input type="checkbox"/> | Large: <input type="checkbox"/> | | Check disc <input type="checkbox"/> | |
| | | Diaphragm <input type="checkbox"/> | Diaphragm <input type="checkbox"/> | Upper <input type="checkbox"/> | | Air inlet spring <input type="checkbox"/> | |
| | | Other <input type="checkbox"/> | Other <input type="checkbox"/> | Lower <input type="checkbox"/> | | Check spring <input type="checkbox"/> | |
| | | | | Small <input type="checkbox"/> | | Other <input type="checkbox"/> | |
| | | | | Seat: | | | |
| | | | | Upper <input type="checkbox"/> | | | |
| | | | | Lower <input type="checkbox"/> | | | |
| | | | | Spacer: | | | |
| | | | | Lower <input type="checkbox"/> | | | |
| | | | | Other <input type="checkbox"/> | | | |
| Final Test | | RP _____ PSID | | Opened at _____ PSID | | Air inlet _____ PSID | |
| | | Closed tight <input type="checkbox"/> | Closed tight <input type="checkbox"/> | Reduced pressure | | Check valve _____ PSID | |

Comments _____

Company Name _____

Initial Test By _____ Certified Tester No. _____ Date _____

Repaired By _____ Date _____

Final Test By _____ Certified Tester No. _____ Date _____