WESTERN BACKFLOW TESTING LLC
1010 E. Glenrosa Ave. Phoenix, AZ 85014 ● Direct: 480-228-6165 ● Fax: 480-336-2262
www.WesternBackflow.com ● WesternBackflow@gmail.com

Backflow Prevention
Assembly Test Report

1. Water Purveyor	2. Water Meter No.		3. Permit No.
4. Manufacturer	4. Size	4. Model No.	4. Serial No.
5. Management Company		5. Mgmt Company Contact Person	5. Phone
5. Management Company Address			5. City, State, Zip
6. Owner		6. Owner Contact Person	6. Phone
6. Owner Address			6. City, State, Zip
7. Backflow Assembly Address			7. Primary Business or Service at This Location
7. Location of Assembly On-Site			8. New Assembly? ☐ Yes ☐ No Replacement Assembly? ☐ Yes ☐ No Serial Number ______
9. Purpose: ☐ Secondary/Containment ☐ Primary/Point of Use	9A. ☐ Fire System ☐ Landscape ☐ Potable/Domestic		
10. Type of Assembly: ☐ SVB ☐ PVB ☐ DC ☐ RP ☐ Other ______		11. Line Pressure	Back Pressure? ☐ Yes ☐ No

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	AIR INLET OPENED AT ______ PSID LEAKED ☐ Yes ☐ No
12. INITIAL TEST	1. CLOSED TIGHT ☐ Yes ☐ No ______ PSID 2. LEAKED ☐ Yes ☐ No	1. CLOSED TIGHT ☐ Yes ☐ No ______ PSID 2. LEAKED ☐ Yes ☐ No	OPENED AT ______ PSID DID NOT OPEN ☐ Yes ☐ No	CHECK VALVE HELD AT ______ PSID 2. LEAKED ☐ Yes ☐ No
14. REPAIRS **Part numbers must be listed in Comments section.**	CLEANED ☐ Yes ☐ No REPLACED ☐ Yes ☐ No RUBBER KIT DISC ☐ Yes ☐ No SPRING ☐ Yes ☐ No GUIDE ☐ Yes ☐ No OTHER ☐ Yes ☐ No	CLEANED ☐ Yes ☐ No REPLACED ☐ Yes ☐ No RUBBER KIT DISC ☐ Yes ☐ No SPRING ☐ Yes ☐ No GUIDE ☐ Yes ☐ No OTHER ☐ Yes ☐ No	CLEANED ☐ Yes ☐ No REPLACED ☐ Yes ☐ No RUBBER KIT DISC ☐ Yes ☐ No SPRING ☐ Yes ☐ No GUIDE ☐ Yes ☐ No OTHER ☐ Yes ☐ No	CLEANED ☐ Yes ☐ No REPLACED ☐ Yes ☐ No RUBBER KIT DISC ☐ Yes ☐ No SPRING ☐ Yes ☐ No GUIDE ☐ Yes ☐ No OTHER ☐ Yes ☐ No
	SHUT OFF VALVE # ______ ☐ REPAIRED ☐ REPLACED ☐ BOTH OK			
FINAL TEST	1. CLOSED TIGHT ☐ Yes ☐ No ______ PSID	1. CLOSED TIGHT ☐ Yes ☐ No ______ PSID	OPENED AT ______ PSID REDUCED PRESSURE	AIR INLET ______ PSID CHECK VALVE ______ PSID

THIS REPORT IS CERTIFIED TO BE TRUE.

Test Company Name	Test Company Address	Test Company Phone	
Western Backflow Testing LLC	1010 E. Glenrosa Ave.	480-628-9724	
16. INITIAL TEST (IF FAILED) BY:	CERTIFIED TESTER NO.	DATE FAILED	TEST KIT SERIAL #
REPAIRED (IF NECESSARY) BY:	CERTIFICATION NO.		REPAIR DATE
FINAL TEST BY: Anthony Schern	CERTIFIED TESTER NO. #03-02115	DATE PASSED	TEST KIT SERIAL # #03140645

COMMENTS FOR 13, 14, & 15 (see instructions): ______