



Department of Permits and Inspection
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 M-Th 7:30am-5:30pm, Fri 7:30am-11:30am

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

Owner

Address

Phone

Describe On-site Location: Above Ground Pit Inside Other

Usage: FIRE DOMESTIC IRRIGATION

Type of Assembly:

PVB DC DDC DDC-bp RPZ RPZ-Det RPZ-Det-bp

Date Installed Date Rebuilt

Mfgr. Model #

Size Serial #

	REDUCED PRESSURE ZONE ASSEMBLY			PVB	SHUT OFF VALVES
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE		
	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	AIR INLET	
Initial Test Date: <input type="text"/>	Held at <input type="text"/> psi Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at <input type="text"/> psi Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at <input type="text"/> psi Did NOT open <input type="checkbox"/>	Opened at <input type="text"/> psi Did NOT open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>
Repairs made date: <input type="text"/>	Cleaned <input type="checkbox"/> Parts Replaced <input type="text"/>	Cleaned <input type="checkbox"/> Parts Replaced <input type="text"/>	Cleaned <input type="checkbox"/> Parts Replaced <input type="text"/>	Cleaned <input type="checkbox"/> Exercised <input type="checkbox"/> Parts Replaced <input type="text"/>	Cleaned <input type="checkbox"/> Exercised <input type="checkbox"/> Parts Replaced <input type="text"/>
Final Test Date <input type="text"/>	Held at <input type="text"/> psi Closed Tight <input type="checkbox"/>	Held at <input type="text"/> psi Closed Tight <input type="checkbox"/>	Opened at <input type="text"/> psi	Air Inlet Opened at <input type="text"/> psi Check valve at <input type="text"/> psi	Closed Tight <input type="checkbox"/>
ASSEMBLY PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>		SUPPLY PRESSURE <input type="text"/> psi		Detector Meter Reading <input type="text"/>	

Comments:

BFP Back in Service Certification Tag on BFP
 Test Gauge Mrgr/Model Date Last Calibrated

Tester's Signature _____ Certification# _____

Tester Name Printed _____ Plumbing Company Name _____

Customer's Signature _____ Today's Date _____

Customer Name Printed _____