

BOARD OF WATER SUPPLY BACKFLOW PREVENTION DEVICE TEST FORM

Cross-Connection Control Section
 Honolulu Board of Water Supply
 630 South Beretania Street
 Honolulu, Hawaii 96843

Return no later than:
 PHONE: 748-5470
 FAX: 550-5550

PLEASE CALL 748-5470 FOR ASSISTANCE WITH THE BACKFLOW PREVENTER INFORMATION REQUIRED BELOW

ASSEMBLY OWNER:
 ADDRESS:

ACCOUNT NO. -
 PREMISE LOCATION:
 TMK:
 SERIAL NO:
 TYPE:
 MAKE/MODEL: /
 SIZE: inch

ASSEMBLY LOCATION:

INITIAL TEST: PASS _____ FAIL _____ LINE PRESSURE _____ Psid	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK VALVE ASSEMBLY		DIFFERENTIAL RELIEF VALVE. Opened at _____ Psid Did Not Open [] []	AIR INLET Opened at _____ Psid Did Not Open [] []	CHECK VALVE Tight [] [] Check Held At _____ Psid Leak [] []
CHECK VALVE 1 Tight [] [] _____ Psid Leak [] []	CHECK VALVE 2 Tight [] [] _____ Psid Leak [] []				
REPAIRS:	CLEANED [] [] Disc Spring Guide Module Seat Hinge Pins Other	CLEANED [] [] Disc Spring Guide Module Seat Hinge Pins Other	CLEANED [] [] Disc Spring Guide Module Seat Diaphragms Other	CLEANED [] [] Disc Spring Float Module Poppet Other	CLEANED [] [] Disc Spring Guide Module Seat Hinge Pins Other
FINAL TEST: PASS _____ FAIL _____	Tight [] [] RP _____ Psid	Tight [] []	Opened at _____ Psid	Opened at _____ Psid	Tight [] [] Check Held At _____ Psid

Malfunctioning Assemblies should be Repaired or Replaced Immediately. (circle action taken)
 Does this assembly isolate the entire property? Yes [] No [] Undetermined []

COMMENTS: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

INITIAL TEST BY _____

CERTIFIED TESTER NO. _____

COMPANY _____

INITIAL TEST DATE _____

REPAIRED BY _____ /DATE _____

COMPANY/LIC. NO. _____

By Contractors Licensing Rules, only Lic. Contractors/Plumbers can Repair the assembly.

FINAL TEST BY _____

CERTIFIED TESTER NO. _____

COMPANY _____

FINAL TEST DATE _____

ASSM. OWNER SIGNATURE _____

BACKFLOW ID NO. _____