

Installation/Testing Report

CROSS-CONNECTION & BACKFLOW

Facility Name _____

Facility Address _____

Contact Name _____ Contact Phone _____

Tester Name _____ License Number _____

Test Company _____

Test Company Address _____ Phone _____

Location of Assembly _____

Type of Assembly _____ Manufacturer _____ Size _____

Model Number _____ Serial Number _____

Date of Install _____ Date of Repair _____ Pass _____ Fail _____

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve
Initial Test	1. Leaked _____ RP _____ Psid 2. Closed Tight	1. Leaked _____ 2. Closed Tight	1. Opened at _____ Psid Reduced Pressure 2. Did Not Open _____
R e p a i r s	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other, Describe _____ _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc, Upper <input type="checkbox"/> Disc, Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> Other, Describe _____ _____ _____

Remarks _____

Tester Signature

Customer Signature

This form contains information required from backflow testers and installers by Mishawaka Utilities.
 These forms or approved equal are required to be submitted within 5 working days of the install or repair.