



# ANNUAL TEST FORM BACKFLOW PREVENTORS

Submit electronic form to:  
The Compliance Engine  
[www.thecompliancesengine.com](http://www.thecompliancesengine.com)  
Questions call: 630-413-9511  
Email: [info@mybrycer.com](mailto:info@mybrycer.com)

CUSTOMER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NEW INSTALLATION    EXISTING    REPLACEMENT   OLD ASSEMBLY S.N.: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

TYPE OF ASSEMBLY:    RPZ    DCV    PVB    SVB   SIZE: \_\_\_\_\_   INSTALLATION DATE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_   MODEL: \_\_\_\_\_   SERIAL #: \_\_\_\_\_

RELIEF VALVE	CHECK VALVE #2 Back Pressure Test	CHECK VALVE #1 In Direction of Flow Test	CHECK VALVE #2 In Direction of Flow Test	Pressure/Spill Resistant Vacuum Breaker	DOUBLE CHECK VALVE In Direction of Flow Test								
Opened at _____ psid <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential Pressure Across check valve _____ psid	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Differential Pressure Across check valve _____ psid	Air inlet opened at _____ psid <input type="checkbox"/> Did Not Open <input type="checkbox"/> Leaked held at _____ psid	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">#1</td> <td style="text-align: center; width: 50%;">#2</td> </tr> <tr> <td><input type="checkbox"/> Leaked</td> <td><input type="checkbox"/> Leaked</td> </tr> <tr> <td><input type="checkbox"/> Closed Tight</td> <td><input type="checkbox"/> Closed Tight</td> </tr> <tr> <td style="text-align: center;">_____ psid</td> <td style="text-align: center;">_____ psid</td> </tr> </table>	#1	#2	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ psid	_____ psid
#1	#2												
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked												
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight												
_____ psid	_____ psid												
<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;">#1</td> <td style="text-align: center; width: 50%;">#2</td> </tr> <tr> <td><input type="checkbox"/> Passed</td> <td><input type="checkbox"/> Passed</td> </tr> <tr> <td><input type="checkbox"/> Failed</td> <td><input type="checkbox"/> Failed</td> </tr> </table>	#1	#2	<input type="checkbox"/> Passed	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	<input type="checkbox"/> Failed		
#1	#2												
<input type="checkbox"/> Passed	<input type="checkbox"/> Passed												
<input type="checkbox"/> Failed	<input type="checkbox"/> Failed												

**CHECK ALL THAT APPLY**

#1	#2
<input type="checkbox"/> Cleaned Only <u>Replaced:</u> <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only <u>Replaced:</u> <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Assembly <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> O-rings <input type="checkbox"/> Other

Describe Repairs: \_\_\_\_\_

Opened at _____ psid	<input type="checkbox"/> Closed Tight	Differential Pressure Across check valve _____ psid	Differential Pressure Across check valve _____ psid	Air Inlet _____ psid Check valve _____ psid	Check #1 _____ psid Check #2 _____ psid
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Opened shut off #1    Opened shut off #2   Water Pressure: \_\_\_\_\_   Test Kit SN: \_\_\_\_\_  
Remarks: \_\_\_\_\_

I hereby certify that this date is accurate and reflects the proper operation and maintenance of the assembly.

TESTER'S NAME (print) \_\_\_\_\_ CERT. # \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

COMPANY \_\_\_\_\_