



Seabrook Island Utility Commission

2902-A Seabrook Island Rd
Johns Island, SC 29455
www.siuc.org
TEL (843)768-0102
FAX (843)768-1075

Backflow Prevention Assembly Test Report

Date: _____

Facility Name: _____
Service Address: _____
Equip Location: _____
Assembly ID: _____
Meter Number: _____
Last Test Performed By: _____
Phone: _____

*Assembly Info - for replacements/corrections,
check the box and enter new value.*

SN: _____ _____
Mfr: _____ _____
Type: _____ _____
Size: _____ _____
Model: _____ _____

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves		
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened _____ PSID		#1 #2	
Pass Fail	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID		Leaked	<input type="checkbox"/>
Repair	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Cleaned	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Replaced (part): _____	<input type="checkbox"/> Replaced (part): _____	<input type="checkbox"/> Replaced (part): _____	<input type="checkbox"/> Replaced (part): _____	Replaced	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	_____	Repair	<input type="checkbox"/>	<input type="checkbox"/>
Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	_____ PSID	CK Valve _____ PSID	Pass	<input type="checkbox"/>	

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							

Comments:
