



FIELD TEST REPORT

FILL OUT COMPLETELY AND SUBMIT WITHIN SEVEN (7) DAYS OF TESTING

Test Date _____ Account Name/Business Name _____

Account # _____ Address _____

Assembly Make _____ Model # _____ Size _____ Serial # _____

Assembly Location _____

PVB DCVA
 RP AIR-GAP

Reduced Pressure Principle Assembly

Double Check Valve Assembly

PVB

	Check Valve # 1	Check Valve # 2	Relief Valve	Air Inlet
Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Differential Pressure _____ psi	Opened at _____ psi Did not open <input type="checkbox"/>
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Shut Off Valve # 2	Check Valve
	Differential Pressure Held Tight at _____ psi	Differential Pressure Held Tight at _____ psi	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Held Tight at _____ psi Leaked <input type="checkbox"/>
Repairs				
Final Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Differential Pressure _____ psi	Opened at _____ psi Did not open <input type="checkbox"/>
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Shut Off Valve # 2	Check Valve
	Differential Pressure Held Tight at _____ psi	Differential Pressure Held Tight at _____ psi	Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>	Held Tight at _____ psi Leaked <input type="checkbox"/>

Comments:

Initial Test Tested By (*print*) _____ Date _____ Time _____

Test used: Direction of Flow Differential Pressure Pass Fail

Repairs Repaired By (*print*) _____ Date _____

Replaced **Y** or **N**, Removed Assembly: Make _____ Model _____ S/N _____

Final Test Tested By (*print*) _____ Date _____ Time _____

Test used: Direction of Flow Differential Pressure Pass Fail

DHEC Cert # _____ Company Name _____ Phone # _____

Test Kit Serial # _____ Calibration Date _____

Tester Statement

I am a certified South Carolina DHEC tester, approved by CWS to perform the required tests on backflow prevention assemblies. All materials used in repair or replacement of this assembly are original manufacturers' parts. I have provided a copy of this report to the customer and I am responsible for sending the original (passing or failing) to CWS Cross-Connection Control Department within seven (7) days of testing the assembly. I hereby certify that all work noted here was performed by myself, _____ and the information is correct.

(signature)

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EC-CC-19 (Revised: 9/18/23)