



RETURN THIS TEST FORM TO:

Email: crossconnection@epcor.com

Mail: Attention: Cross Connection Department, 2355 W. Pinnacle Peak Road, Ste. 300, Phoenix, AZ 85027

Contact Phone: 623-445-2411

Water Meter # or AMR # must be entered when submitting reports for Domestic or Irrigation service

Account No. _____		Premises No. _____		
New Assembly <input type="checkbox"/> This Assembly Replaces SN# _____		Type of Service	Domestic <input type="checkbox"/>	Fire <input type="checkbox"/> Irrigation <input type="checkbox"/>
SERVICE ADDRESS WHERE BACKFLOW ASSEMBLY IS LOCATED		BACKFLOW ASSEMBLY INFORMATION		
Name:	_____ _____ _____ _____	Type of Assembly /		
Address		Serial /	Size /	
City, State, ZIP		MFG /	Model /	
		Location of Assembly :		
Water Meter # _____ Line Pressure at Time of Test _____ Isolation <input type="checkbox"/> Containment <input type="checkbox"/>				
TEST MEASUREMENTS				
	DC	RP	PVB/SVB	
	Check Valve #1	Check Valve # 2	Relief Valve	Air Inlet
INITIAL	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
Date: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Check Valve Held _____ PSID
FINAL	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID
Date: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Line Pressure: _____	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Check Valve Held _____ PSID
AIR GAP	Measured vertical inches above overflow rim		Supply size diameter	
COMMENTS (Including maintenance performed)				
Initial Test				
PASS <input type="checkbox"/>	Tested By (Signature) _____		Print Name _____	
FAIL <input type="checkbox"/>	Test Gauge Serial _____		Certified Tester # _____	
	Company _____		Phone: _____	
Final Test				
PASS <input type="checkbox"/>	Tested By (Signature) _____		Print Name _____	
FAIL <input type="checkbox"/>	Test Gauge Serial _____		Certified Tester # _____	
	Company _____		Phone: _____	