



AAA Fire Safety & Alarm, Inc.
 334 North Marshall Way Suite G
 Layton, UT 84041
 Phone: 801-544-7345
 Fax: 801-544-1411
 www.aaafireutah.com

Backflow Assembly Report of Test/Inspection

Company: CTU Date: November 1, 2011
 Address: 326 South State Street Technician: Joshua Clark
 City, State, Zip: Salt Lake City, Utah 84104
 Contact Name: Jack Bauer
 E-Mail: Jack@CTU.gov
 Phone: 801-867-5309
 Fax: _____
 Special Instructions: **THIS IS AN EXAMPLE ONLY**

Customer Signature:

Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.

Backflow Assembly Information

Manufacturer: Ames Model: Colt 200 Serial #: FC-0000 Size: 4" Water System Name: Fire Sprinkler
 Location: Basement Riser Room - Supply
 Monitoring Company: AAA Fire Safety & Alarm, Inc. Phone: 877-601-3473 Monitoring Acct #: 250042 Operator: Jenny
 Style: RP DC PVB SVB DCDA RPDA Line Pressure (psi): 75

Backflow Assembly Test/Inspection

Reduced Pressure Principle Assembly			PVB/SVB Air Inlet	Shut Off Valves																					
Double Check Valve Assembly <table border="1"> <tr> <td> Check Valve #1 Held at (PSID): <u>3.2</u> Closed Tight: <input checked="" type="checkbox"/> Leaked: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> </td> <td> Check Valve #2 Held at (PSID): <u>4.2</u> Closed Tight: <input checked="" type="checkbox"/> Leaked: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> </td> <td> Relief Valve Opened at (PSID): _____ Did not open: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/> </td> </tr> </table>			Check Valve #1 Held at (PSID): <u>3.2</u> Closed Tight: <input checked="" type="checkbox"/> Leaked: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	Check Valve #2 Held at (PSID): <u>4.2</u> Closed Tight: <input checked="" type="checkbox"/> Leaked: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	Relief Valve Opened at (PSID): _____ Did not open: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	Opened at (PSID): _____ Did not open: <input type="checkbox"/> Fully opened: <input type="checkbox"/> Held at: _____ Leaked: <input type="checkbox"/> Cleaned: <input type="checkbox"/> Replaced: <input type="checkbox"/>	<table border="1"> <tr> <td></td> <td>#1</td> <td>#2</td> </tr> <tr> <td>Closed Tight</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Leaked</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cleaned</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Replaced</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		#1	#2	Closed Tight	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Leaked	<input type="checkbox"/>	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	Replaced	<input type="checkbox"/>	<input type="checkbox"/>	Repair	<input type="checkbox"/>	<input type="checkbox"/>
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Replaced	<input type="checkbox"/>	<input type="checkbox"/>																							
Repair	<input type="checkbox"/>	<input type="checkbox"/>																							
Initial Test	Repairs	Final Test	Air Inlet: _____ Check Valve: _____	<table border="1"> <tr> <td></td> <td>#1</td> <td>#2</td> </tr> <tr> <td>Closed Tight</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		#1	#2	Closed Tight	<input type="checkbox"/>	<input type="checkbox"/>															
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Comments: _____

Initial Test Technician Signature: Certification Number: 00000 Gauge #: 00000 Pass/Fail: Pass
 Final Test Technician Signature: _____ Certification Number: _____ Gauge #: _____ Pass/Fail: _____
 Repair By: Technician Signature: _____ Certification Number: _____ Gauge #: _____ Pass/Fail: _____