



RETURN THIS TEST FORM TO :
Missouri American Water
 Fax: 314-576-2054 Contact Phone 866-554-2912 Email: moaw.crossconnection@amwater.com
 Mail: Attention Cross Connection Department 901 Hog Hollow Road. Chesterfield MO 63017

Account #: _____ Premise #: _____

LOCATION INFORMATION

Service for:
 Address 1 :
 Address 2 :
 Type of service Domestic Fire Irrigation
 Location of Device:
 New Assembly Replaces Serial No: _____

DEVICE INFORMATION

Type of Assembly :
 Serial : _____ Size : _____
 MFG/Model No : _____
 Water Meter No : _____
 Isolation Containment

Test Measurements

	DC		RP	PVB/SVB
	Check Valve # 1	Check Valve # 2	Pressure Diff. Relief Valve	Air Inlet
Initial Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/> Check Valve Held _____ PSID
Final Date: _____ Time: _____ Line pressure: _____	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #2 Shut Off Valve Closed Tight? Yes <input type="checkbox"/> No <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/>	Opened at _____ PSID Did not open <input type="checkbox"/> Check Valve Held _____ PSID
Air Gap	Measured vertical inches Above overflow rim _____		Supply size diameter _____	

COMMENTS (including maintenance performed)

TESTER INFORMATION

Initial Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Tester Name _____ Company _____
	Phone # _____ Email Address _____
	Signature _____ Certified tester No: _____
	Testing Equipment Calibration Date: _____ Testing Equipment Serial Number _____
Final Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Tester Name _____ Company _____
	Phone # _____ Email Address _____
	Signature _____ Certified tester No: _____
	Testing Equipment Calibration Date: _____ Testing Equipment Serial Number _____

Want to save a stamp? Send your completed form electronically to moaw.crossconnection@amwater.com
BACKFLOW TEST FORM – TO BE COMPLETED BY A QUALIFIED TESTER
 The above report is certified to be true at the time of the test