

By Email for faster processing: IowaCCN@amwater.com

Phone: 1-563-242-9102 EXT: 4

By Mail: 2020 Manufacturing Ct, Clinton, IA 52732

Note: In order for test to be processed it must include: valid test date, correct service address and serial number, and signature of currently licensed tester.

Contract Account Number:

Location Information

Service For:

Service Address:

Premise Number:

Device Information

BFA Type:

Manufacturer:

Manuf. Serial Number:

Model:

Type of Service:

Domestic

Fire

Irrigation

BFA Number:

Size:

Location of Device:

New Assembly

Isolation

Containment

Replaces Serial No: _____

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		Supply Size Diameter	

COMMENTS (including maintenance performed):

TESTER INFORMATION

INITIAL	Tester Name _____	Company _____
PASS <input type="checkbox"/>	Phone # _____	Email Address _____
FAIL <input type="checkbox"/>	Signature _____	Certified Tester Number: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____
FINAL	Tester Name _____	Company _____
PASS <input type="checkbox"/>	Phone # _____	Email Address _____
FAIL <input type="checkbox"/>	Signature _____	Certified Tester Number and Expiration Date: _____
	Testing Equipment Calibration Date: _____	Testing Equipment Serial Number: _____